



LINCOLNWAY SPECIAL RECREATION ASSOCIATION

1900 Heather Glen Dr.
New Lenox, IL 60451
Phone: 815-320-3500
Fax: 312-660-8831
Website: www.lwsra.org

To LWSRA Volunteers,

Thank you so much for volunteering your time and talent to Lincolnway Special Recreation Association (LWSRA). Volunteers are a valuable and integral part of a successfully run special recreation association.

Please note that we have just a few requests. A background check, orientation, and signed waiver are required of all regular volunteers and employees. If you are serious about being a part of the LWSRA team this should not be a problem and we appreciate your time in competing these requirements.

If you expect to be late or are unable to attend an assigned program or event, it is imperative that you notify the Recreation Specialists as soon as possible. If you do not have the Recreation Specialist's phone number, please call the office at 815-320-3500.

We also ask that you adhere to all policies and follow instructions and guidance of the Program Leader. Working in concert with our staff and cooperating as a team member ensure smoothly run programs and events. If there are any conflicts or disagreements please follow through with your assigned activities and ask for a meeting with the Superintendent of Recreation.

Again, we appreciate your dedication to LWSRA. Thank you so much.

Keith Wallace
Executive Director

Independence – Recreation – Knowledge – Opportunity

Member Park Districts:

Frankfort ~ Manhattan ~ Mokena ~ New Lenox ~ Peotone ~ Wilmington Island



Lincolnway Special Recreation Association
1900 Heather Glen Dr.
New Lenox, IL 60451
(815) 320-3500

Volunteer Application

CONTACT INFORMATION:

Name: _____ Phone: _____
Address: _____ City _____ Zip _____
Email Address _____

EMERGENCY CONTACT:

Name: _____ Phone: _____
Address: _____ City _____ Zip _____

EDUCATION:

High School attended _____ Yrs. Completed _____
Colleges attended _____ Yrs. Completed _____
_____ Yrs. Completed _____

EXPERIENCE:

Please list any work or volunteer experience working with individuals with disabilities or disability related needs. Include place, length of time, age and type of disability.

Why do you want to volunteer with LWSRA? Please include: Personal Interest or volunteer hours needed for school or like program.

How did you hear about LWSRA? _____

VOLUNTEER INTEREST AND AVAILABILITY FORM

Please specify the days and times you are available to volunteer.

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

- I am available to work weekly programs
- I am only interested in working special events

Please check and list your skill and interests below.

	Assist	Coach	No interest		Assist	Coach	No Interest
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	After School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth Special Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track and Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult Special Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Titans Day Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day Camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Boccia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Wheelchair Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Power Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Power lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Do you have any other skills and talents? If so please list below.

-

ATTACHMENT

Statement of Purpose For Collection of Social Security Numbers by the LINCOLNWAY SPECIAL RECREATION ASSOCIATION

The Identity Protection Act, 5 ILCS 179/1 et seq., and the Identity-Protection Policy of the LINCOLNWAY SPECIAL RECREATION ASSOCIATION ("District") require the District to provide an individual with a statement of the purpose or purposes for which the District is collecting and using the individual's Social Security number ("SSN") anytime an individual is asked to provide the District with his or her SSN or if an individual requests it. This Statement of Purpose is being provided to you because you have been asked by the District to provide your SSN or because you requested a copy of this statement.

Why do we collect your Social Security number?

You are being asked for your SSN for one or more of the following reasons:

- To complete an employment application;
- For payroll and tax purposes
- For criminal background checks;
- For circumstances that will be deemed necessary, by law, as listed under IV (b) of the Lincolnway Special Recreation Association Identity-Protection Policy.

What do we do with your Social Security number?

We will only use your SSN for the purpose for which it was collected.

We will not:

- Sell, lease, loan, trade, or rent your SSN to a third party for any purpose;
- Publicly post or publicly display your SSN;
- Print your SSN on any card required for you to access our services;
- Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or
- Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you. If mailed, your SSN will not be visible without opening the envelope in which it is contained.

Questions or Complaints about this Statement of Purpose

Write to the: LINCOLNWAY SPECIAL RECREATION ASSOCIATION

Attention: Executive Director

1900 Heather Glen Dr.

New Lenox, IL 60451



Lincolnway Special Recreation Association

National Background Screening Consent/Release Form

Applicant's **Legal** Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____ Date: _____

Signature: _____

I, _____, verify that I have not been convicted of or found to be a child sex offender.



Welcome to the Special Olympics Illinois Class A Registration

Lincolnway Special Recreation Association requires all staff and volunteers to complete the Special Olympics Illinois Class A Registration.

Please visit the website below and complete the two part application process with Special Olympics Illinois.

Once completed please print out your verification email and submit along with the rest of the application.

The Class A Registration process is divided into two parts: Protective Behavior Training and Concussion Training. Class A Registration was created as a way to protect athletes, volunteers, and the integrity of Special Olympics Illinois. This application process is required for all volunteers who have close contact with athletes or who handle the financial assets of Special Olympics Illinois. This includes coaches, chaperones, Unified Partners, staff and committee members.

<https://www.soill.org/class-a-registration/>

Please note: Applications will not be processed unless all forms are completed and submitted as one application

**Lincolnway Special Recreation Association
Acknowledgement of Mandated Reporter Status**

I, _____, understand that when I am employed as a _____, I will become a mandated reporter under the Abused and Neglected Child Reporting Act (325 ILCS 5/4). This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-24A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physicians Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Volunteer/Employee:

Date: _____

**Lincolnway Special Recreation Association
LWSRA Volunteer Waiver & Release**

Important Information

Lincolnway Special Recreation Association (LWSRA) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of volunteers in high regard. LWSRA continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteer's safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any activity or program.

Please recognize that LWSRA carries only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers review their own health insurance policy for coverage. Additionally, each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when providing volunteer services. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending upon the volunteer services, certain risks, dangers and injuries due to acts of God, inclement weather, slip and falls, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to the particular volunteer services exist. In this regard, it must be recognized that it is impossible for LWSRA to guarantee absolute safety.

Waiver and Release of all Claims and Assumption of Risk

Please read this form carefully and be aware that in consideration of providing volunteer services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward may sustain as a result of participating in any and all activities connected with and associated with your volunteer services (including transportation services/vehicle operations, when provided).

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I, or parent/guardian voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of my volunteer services. I, or parent/guardian further agree to waive and relinquish all claims I may have (or accrue to me) as a result of my volunteer services against LWSRA including its officers, officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

I, or parent/guardian have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Volunteer's Name: _____ (Please Print)

Volunteer's Signature: _____ Date: _____

If under the age of 18 a parent/guardian signature must be provided Parent/

Guardian's Name: _____ (Please Print)

Parent/Guardian Signature: _____ Date: _____