



VILLAGE OF SCHAUMBURG VOLUNTEER INTEREST FORM

How do I become a volunteer with the Village of Schaumburg?

1. Complete all sections of this Volunteer Application Packet
2. Email completed packet along with resume to RecruitingTeam@schaumburg.com
3. The Human Resources Team will contact departments based upon the information you provide to identify if there is a volunteer opportunity available.

I am interested in a volunteer opportunity with the Village of Schaumburg for the following reason:

Career Development and Exploration / Unpaid Internship

Please provide a brief description of what you would like to accomplish:

Other (Please specify)

Areas of interest: For information on what each department's role is, visit the village website at www.schaumburg.com and select "Departments" to view current monthly reports by department.

- | | |
|---|---|
| <input type="checkbox"/> Community Development | <input type="checkbox"/> General Government |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Cultural Services | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Engineering & Public Works | <input type="checkbox"/> Police |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Other: |

NOTE: Volunteers will be asked to sign a Hold Harmless Agreement.

Thank you for your interest in helping the Schaumburg community!



VILLAGE OF SCHAUMBURG VOLUNTEER APPLICATION

It is the policy of the Village of Schaumburg to ensure equal opportunity for all individuals without regard to race, color, national origin, citizenship, ancestry, sex, sexual orientation, age, disability, genetic information or background, religious affiliation, marital status, military status, or any other legally protected status and will not be a consideration in the village's selection process.

PERSONAL INFORMATION

NAME: (Last, First, Middle)				MONTH & DATE OF BIRTH:	
				Month:	Date:
ADDRESS: (Street, City, State, Zip Code)					
HOME PHONE:		CELL PHONE:		E-MAIL:	
DO YOU POSSESS A VALID DRIVER'S LICENSE? Yes No		DRIVER'S LICENSE STATE:		DRIVER'S LICENSE NUMBER:	
Are you at least 18 years of age? Yes No		Are you at least 21 years of age? Yes No			

PREFERENCES

VOLUNTEER POSITION APPLIED FOR:		NUMBER OF HOURS PER MONTH SEEKING TO VOLUNTEER:	
AVAILABILITY:			
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
WHAT HOURS ARE YOU AVAILABLE?			

EDUCATION

DATES:		SCHOOL NAME:			
LOCATION: (City, State)		DID YOU GRADUATE: Yes No	DEGREE RECEIVED:		
MAJOR:				CREDITS COMPLETED:	
DATES:		SCHOOL NAME:			
LOCATION: (City, State)		DID YOU GRADUATE: Yes No	DEGREE RECEIVED:		
MAJOR:				CREDITS COMPLETED:	
DATES:		SCHOOL NAME:			
LOCATION: (City, State)		DID YOU GRADUATE: Yes No	DEGREE RECEIVED:		
MAJOR:				CREDITS COMPLETED:	

WORK EXPERIENCE

Begin with your present employer and work back, using additional sheets if necessary.

DATES:	From:		To:		EMPLOYER:		TITLE:		
ADDRESS: <small>(Street, City, State, Zip Code)</small>									
HOURS PER WEEK:			PHONE:			SUPERVISOR:			
DUTIES:									
REASON FOR LEAVING:									
DATES:	From:		To:		EMPLOYER:		TITLE:		
ADDRESS: <small>(Street, City, State, Zip Code)</small>									
HOURS PER WEEK:			PHONE:			SUPERVISOR:			
DUTIES:									
REASON FOR LEAVING:									
DATES:	From:		To:		EMPLOYER:		TITLE:		
ADDRESS: <small>(Street, City, State, Zip Code)</small>									
HOURS PER WEEK:			PHONE:			SUPERVISOR:			
DUTIES:									
REASON FOR LEAVING:									
DATES:	From:		To:		EMPLOYER:		TITLE:		
ADDRESS: <small>(Street, City, State, Zip Code)</small>									
HOURS PER WEEK:			PHONE:			SUPERVISOR:			
DUTIES:									
REASON FOR LEAVING:									

CERTIFICATES AND LICENSES

TYPE:								
LICENSE NUMBER:			ISSUING AGENCY:					
TYPE:								
LICENSE NUMBER:			ISSUING AGENCY:					

SKILLS/ADDITIONAL INFORMATION

Please use the space below to summarize any special qualifications, training or experience which you have and feel should be considered in reviewing your volunteer application.

LANGUAGE OTHER THAN ENGLISH:	Speak	Read	Write

REFERENCES

Please provide three (3) individuals who you have been associated with for three (3) or more years, other than relatives who can attest to your character or fitness for the volunteer opportunity you are applying.

NAME:		PHONE:		EMAIL:	
NAME:		PHONE:		EMAIL:	
NAME:		PHONE:		EMAIL:	

Do you have any relatives working at the Village of Schaumburg?		Yes	No
If yes, state their name and relationship.			
Have you been convicted of any violations of the law other than minor traffic violations?		Yes	No
Conviction of a violation of the law does not automatically disqualify you.			
If yes, please explain.			
Were you previously employed by the Village?		Yes	No
If so, provide department, dates and name you were employed under.			



**VILLAGE OF SCHAUMBURG
CERTIFICATION AND AGREEMENT**

Please read carefully:

I hereby certify that the facts set forth in the above volunteer application are true and complete to the best of my knowledge. I understand that falsified statements or omission of facts on this application shall be considered sufficient cause for termination or cancellation of my application.

I understand and agree that the Village of Schaumburg is hereby authorized to make inquiries concerning my character, employment record and other matters concerning my application as a volunteer. I further understand that such inquiries will include checking police records for convictions. I understand that I may request reasonable accommodations if needed, due to disability, in order to participate in the overall application process.

I understand the filing of this application or participation in an interview in no way constitutes an employment contract between me and the Village of Schaumburg. I acknowledge the right of the Village of Schaumburg to make changes in policy without notice.

I understand that should I accept a volunteer position, I agree to conform with all rules and regulations of the Village of Schaumburg. I understand that I have the right to terminate my participation in the volunteer program at any time and the Village of Schaumburg retains the same right.

Signature

Date

**HOLD HARMLESS AGREEMENT
WAIVER AND RELEASE OF ALL CLAIMS**

Participant (Please print): _____

As a participant in a Village of Schaumburg program or service, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or losses which I may sustain as a result of my activities.

I do hereby fully release and discharge the Village of Schaumburg including its elected officials, employees, agents and corporate entity from any and all claims from injuries, damages or losses which I may have or which may accrue because of my participation in the program or service.

I further agree to indemnify and hold harmless and defend the Village of Schaumburg from any and all claims resulting from injuries, damages and losses sustained by me and arising out of, connected with, or in any way associated with my activities.

I have read and fully understand the nature of the above Waiver and Release of All Claims.

Signature

Date

Signature of Parent/ Legal Guardian
(If under the age of 18, parent/guardian must provide a handwritten signature)

Date