

# Volunteer Manual

**BERWYN**  
*park district*  
where park meets city



# VOLUNTEER MANUAL

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## WELCOME

### FREEDOM PARK

Administration Building  
3701 S. Scoville Ave.  
(708) 788 - 1701

### PROKSA PARK

3001 S. Wisconsin Ave.  
(708) 795 - 2892

### LIBERTY CULTURAL CENTER

6445 W. 27th Place  
(708) 795 - 2891

Volunteering at the Berwyn Park District can be a rewarding and challenging experience for anyone of any age. Our park system has four main facilities, twelve park grounds, seven playground areas, and many programs and services to offer to our residents. In order to deliver the best service, we depend heavily upon our volunteers. Because the park district is such an important resource in this community, one who volunteers here can be proud of the contribution that he/she gives to the Berwyn Park District.

To assure that we have successful programs and services to offer to the community, as well as accommodate and service our volunteers equally, we have developed a set of guidelines that serve this dual purpose. Please make sure that you understand all that is involved in volunteering with the park district. If you have any questions regarding our Volunteer Program, please contact Conor Cahill, Volunteer Coordinator, at (708) 795.2893 or [ccahill@berwynparks.org](mailto:ccahill@berwynparks.org).

If you ever feel that you have not been treated according to the guidelines that have been developed for our park volunteers, please contact the Volunteer Coordinator immediately to discuss the situation. We are grateful for each and every volunteer that has decided to become a part of our program and will do our best to make sure that all volunteers are treated equally. It is our belief that volunteering at the BPD should be an enjoyable enriching experience for all involved. We want this to be true for you at the Berwyn Park District.

## Berwyn Park District / Volunteer Manual

- 1) The prospective volunteer may obtain an application packet from one of our facilities or online. If this person decides he/she would like to work here, the person must fully complete the application packet and return it to the Volunteer Coordinator. The applicant must then schedule an interview with the Volunteer Coordinator, regardless of which department he/she is interested in working.
- 2) The prospective volunteer must bring all paperwork to the interview (if it has not already been turned in). During this interview, the coordinator will try to determine where the volunteer would best be suited within the district based on both the volunteer's and the district's needs. The volunteer will also be required to complete a background and/or driving record check, depending upon the nature of the position that he/she may be offered.
- 3.) The prospective volunteer must complete and turn in the Criminal Background Check Waiver and Release of All claims. By allowing the Berwyn Park District to conduct a criminal background check, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.
- 4) If there is an immediate opening, the volunteer will be interviewed by the supervisor of the department in which he/she wishes to work and then placed within that department. If there is no immediate opening, the person will be added to our mailing list, and be considered an on call/special events volunteer. If something becomes available, the Volunteer Coordinator will contact the new volunteer.
- 5) Once a volunteer is placed in a regular position, whether it may be daily, weekly or monthly, they will receive orientation and training for that position by both the supervisor of the department and by an experienced volunteer or staff person in that position.
- 6) The volunteer's performance in that position is subject to review at any time by the supervisor of the department, Volunteer Coordinator and the Executive director, and reassignment /dismissal may be requested if necessary. Also, if a volunteer is dissatisfied in their position at any time, he/she should talk with the Volunteer Coordinator to discuss the possibility of making adjustments or being reassigned to another position.
- 7) Volunteers are ultimately responsible to the Volunteer Coordinator. Direct supervision is given by the supervisor of the department (s) in which they work. If a volunteer is dissatisfied with or feels they have been treated unfairly by their supervisor, they should notify the Volunteer Coordinator.
- 8) Orientation
- 9) All volunteers will be required to successfully complete a CPR/AED/First Aid training offered at no cost by the District prior to volunteering.



P: (708) 788-1701 - F: (708) 788-1345

# APPLICATION FOR VOLUNTEER

Pre-Volunteer Questionnaire  
Equal Opportunity Employer

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)		PHONE NO. (     )     -
ADDRESS	CITY	ZIPCODE
EMAIL		REFERRED BY

## VOLUNTEER POSITION DESIRED

DEPARTMENT <input type="checkbox"/> Recreation <input type="checkbox"/> Maintenance <input type="checkbox"/> Admin		POSITION
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	ARE YOU LEGALLY AUTHORIZED TO WORK IN U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU EMPLOYED CURRENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU WORK NIGHTS/WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE YOU CAN START

## EDUCATIONAL HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

## FORMER EMPLOYEES (LIST LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)

DATE MONTH AND YEAR	NAME & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				

**REFERENCES** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if chosen, falsified statements on this application may be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information the may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make an agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE-----

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**REMARKS**


NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 COORDINATOR DEPARTMENT SUPERVISOR EXECUTIVE DIRECTOR

**BERWYN PARK DISTRICT  
CRIMINAL BACKGROUND CHECK  
WAIVER AND RELEASE OF ALL CLAIMS**

**Please read this form carefully and be aware that, by agreeing to allow the Berwyn Park District to conduct a criminal background check, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.**

I understand that completion of a criminal background check is a condition of my employment or volunteerism with the Berwyn Park District.

I agree to waive and relinquish all claims I may have against the Berwyn Park District, and its officers, agents, servants, and employees, as a result of participating in the criminal background check.

I do hereby fully release and discharge the Berwyn Park District, and its officers, agents, servants, and employees, from any and all claims or damages that I may have or that may accrue to me on account of the results of any aspect of the criminal background check.

I have read, and I fully understand, this Waiver and Release of All Claims.

Signature		Date
Last Name	First Name	Middle Name
Street Address	City	Zip Code
Social Security Number _____		
Drivers License Number _____		State _____
Date of Birth ____/____/____	Sex _____	Race _____
Subject's Maiden Last Name _____		

\*\* Has your name been submitted by the Berwyn Park District in the last 6 months for a Criminal a Background Check? \_\_\_\_\_ Yes \_\_\_\_\_ No

**(Please print neat and legible)**  
(Please double check for accuracy on SS & DL #'s)  
ALL INFORMATION MUST BE COMPLETED

BERWYN PARK DISTRICT

VOLUNTEER WAIVER & RELEASE

**IMPORTANT INFORMATION**

The Berwyn Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of volunteers in high regard. The Berwyn Park District 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 the Berwyn Park District 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 the Berwyn Park District 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 for 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 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 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 further agree to waive and relinquish all claims I may have (or accrue to me) as a result of my volunteer services against the Berwyn Park District, 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 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.**

PLEASE PRINT Volunteer's Name \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PARTICIPATION WILL BE DENIED  
If the signature of the volunteer and date are not on this waiver.**