

Group Volunteer Application



We are excited that you are interested in helping us enhance the quality of life in Belvidere by providing safe, inviting, and beautifully maintained parks, facilities and numerous, accessible recreation and leisure opportunities.

Please return this application to the Belvidere Park District Administration Office.

Name of Group _____

Group Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Are you at least 18 years of age? Yes__ No__

What type of tasks would your group like to volunteer to do? _____

Number of people expected to volunteer & age range: _____

Do you plan to have any volunteers under the age of 18? If yes, you must have one adult for every 10 children under the age of 18.

Has your group volunteered with the Belvidere Park District before? If yes, where and when.

Has your group volunteered with organization other than the Belvidere Park District? If so, please provide a contact name and phone number for your most recent activity.

Please read carefully:

I understand and agree to comply with any and all Park District policies, rules and regulations applicable to volunteers.

Print Group Contact Name: _____

Signature: _____ **Date:** _____

****All volunteers must complete the One-Time Volunteer Application prior to the date of your group volunteering. This application can be found on our website.***

*****A certificate of insurance naming the Belvidere Park District as additional insured must be provided prior to the date of your group volunteering.***