

SPECIAL RECREATION ASSOCIATION OF CENTRAL LAKE COUNTY

290 Oakwood Road, Vernon Hills, Illinois 60061

(847) 816-4866 voice/TDD (847) 816-4876 fax

VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

City _____

Phone: Day _____ Evening _____

Best Time To Call _____

Person to Contact in Emergency _____ Phone _____

Birth Date _____

Email _____

EDUCATION	NAME	CITY	DATES ATTENDED	DEGREE MAJOR/MINOR
Jr. High	_____	_____	_____	_____
(If under 15)	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

Circle Highest Grade Completed: 6 7 8 9 10 11 12 13 14 15 16 16+

Have you worked with individuals with special needs before? Yes _____ No _____

If yes, please describe the experience(s), your duties, and disability classification with which you worked. _____

How did you hear of SRACL? _____

Why do you wish to volunteer with SRACL? _____

What personal qualities and skills can you share with SRACL participants?
