



Harvey Park District

Volunteer Application Form

Board of Commissioners

Anthony McCaskill—President
Barbara Moore—Vice President
Eric Patterson—Treasurer
Stafford Owens—Commissioner
Brenda L. Thompson—Commissioner

Full Name: _____

Social Security Number: ____-____-____ Birthdate: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone (AM): (____) ____-____ Telephone (PM): (____) ____-____

Cell: (____) ____-____ Email: _____

Have you ever worked or volunteered for the Harvey Park district? (Circle one) **YES** **NO**

If yes, please explain: _____

Please provide the names and telephone numbers for two references:

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

Have you ever volunteered for other organizations/companies? (Circle one) **YES** **NO**

If yes, please list the organizations/companies and their telephone numbers:

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

Under the rules and regulations of the Harvey Park District, I understand that I am a Harvey Park District **VOLUNTEER** and can be dismissed at any time if I provided any false information above. I also understand that stealing, drug abuse, sexual abuse, child abuse, harassment, or any other criminal act will not be tolerated. I understand that if any such act occurs, my services for the Harvey Park District will be terminated.

(Volunteer Signature)

(Date)

(Superintendent of Recreation Signature)

(Date)

As a Park District Volunteer, we ask that you:

- **Be professional at all times;**
- **Please be consistent and on-time for your class/event each day;**
- **And dress appropriately for the job.**

WE THANK YOU FOR YOUR TIME!

15335 South Broadway Ave. ♦ Harvey ♦ Illinois ♦ 60426

Phone: (708) 331-3857 ♦ Fax: (708) 893-0533 ♦ Web: harveyparkdistrict.org



Harvey Park District
Employee Emergency Information
CONFIDENTIAL

Board of Commissioners

Anthony McCaskill—President
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Stafford Owens—Commissioner
Brenda L. Thompson—Commissioner

Name: _____

Birthdate: _____ Home Phone: (_____) _____ - _____ Today's Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

In case of emergency, please contact:

Name: _____ Home Phone: (_____) _____

Relationship: _____ Work Phone: (_____) _____

Name: _____ Home Phone: (_____) _____

Relationship: _____ Work Phone: (_____) _____

Family Physician:

Name: _____ Phone: (_____) _____

Please list any allergies: _____

Please list any present medications: _____

Hospital preference: _____

Date of last tetanus booster: _____ Blood type: _____

Optional: Do you have any physical, psychological, or medical conditions of which you feel your employer should be aware of ahead of time? If so, please explain below:

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Harvey Park District

Employee Pledge

Board of Commissioners

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As an employee/volunteer of the Harvey Park District, I acknowledge and accept standards for employment. I, _____, will:
(Employee Name)

- Follow all policies and guidelines of the Harvey Park District;
- Have respect for and provide respect to all of my fellow co-workers;
- Provide quality service for the residents of Harvey, IL;
- Follow the leadership of the Board of Commissioners and Administration;
- Follow the duties of my job description as it relates to work quality, attendance, professionalism, and service.

This pledge does not constitute a contract with the Harvey Park District.

I understand that my failure to comply with the terms of this pledge and/or any conduct unbecoming of a Harvey Park District employee/volunteer will result in disciplinary action up to and including termination of employment.

Employee Signature: _____ Date: _____

Director Signature: _____ Date: _____

Commissioner Signature: _____ Date: _____

CC: Employee File

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Harvey Park District

Program Description Submission Form

Board of Commissioners

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Program Name: _____

Proposed Start Date: _____ Proposed End Date: _____ # of Weeks: _____

Proposed Time(s): _____ Proposed Meeting Day(s): _____

Age Group(s): _____ Gender of Participants (circle one): **Boys** **Girls** **Both**

Is this a special event? **Yes** **No** Is this an ongoing event? **Yes** **No** Program Cost \$_____

Program Description: _____

Program Instructor: _____ Contact Number: _____

Program Anticipated Budget (explain in detail): _____

Submitted By: _____ Date: _____

Administrator Questions/Comments: _____

Program Approved: _____ Date Approved: _____

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Harvey Park District

Authorization by Accepted Applicants for Criminal Background Check

Board of Commissioners

Anthony McCaskill—President
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Eric Patterson—Treasurer
Stafford Owens—Commissioner
Brenda L. Thompson—Commissioner

In order to complete your employment with the Harvey Park District, the performance of a completed criminal background check is required. The Harvey Park District engages the services of public trust to conduct this background check. Please complete the following authorization:

I hereby authorize the Harvey Park District to obtain a criminal background check in order to satisfy the requirements of my new employment. I will be informed if my employment is continued or terminated due to any information obtained from the criminal background check.

Complete the Following: (please print)

Full Legal Name: _____ Date of Birth: ____/____/____

Other name(s) used: _____ SSN: _____-____-____

Driver's License or State ID #: _____ State Issued: _____

Please provide current and former addresses for the past five (5) years (include street address, town/city, state, and zip code):

Current: _____

Previous: _____

Previous: _____

Previous: _____

Previous: _____

X _____
(Signature) (Date)



Harvey Park District
Drug-Free Workplace Policy
(Keep for your records)

Board of Commissioners

Anthony McCaskill—President
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The Harvey Park District is committed to protecting the safety, health, and well-being of its employees and all people who come into contact with its workplace(s) and properties, and/or use its services. We recognize that drug and alcohol abuse pose a direct and significant threat to this goal, and thus, the Harvey Park District is committed to ensuring a substance-free working environment for all of its employees and volunteers.

The Harvey Park District therefore strictly prohibits the illicit use, possession, sale, conveyance, distribution, or manufacture of illegal drugs, intoxicants, or controlled substances in any amount or in any manner. In addition, the Harvey Park District strictly prohibits the abuse of alcohol or prescription drugs.

Any violation of this policy will result in adverse employment action up to and including dismissal and referral for criminal prosecution.



Harvey Park District

Employee Receipt of Drug-Free Workplace Policy

Board of Commissioners

Anthony McCaskill—President
Barbara Moore—Vice President
Eric Patterson—Treasurer
Stafford Owens—Commissioner
Brenda L. Thompson—Commissioner

The undersigned employee of the Harvey Park District hereby acknowledges
receiving a copy of the Park District's Drug-Free Workplace Policy on the date indicated.

(Signature)

(Printed Name)

(Date)



Harvey Park District
Drug Test Permission Form

Board of Commissioners

Anthony McCaskill—President
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Brenda L. Thompson—Commissioner

I, _____, hereby acknowledge that I
(Full Name)
have been advised that I may be required to submit to a drug screen test as a part of the Drug and Alcohol Policy of the Harvey Park District random drug testing program. I further understand that the Drug and Alcohol Policy of Harvey Park District prohibits the presence of illegal substances in the systems of its employees while on the job. A confirmation of a positive test is a violation of said policy. Additionally, a refusal to test constitutes a positive test.

I further understand that this analysis will be conducted by a certified laboratory with all data to be held in confidence except as otherwise necessary to carry out the terms and objectives of this policy.

I understand that it is my responsibility to notify the laboratory and/or the Harvey Park District of any medications, prescribed or non-prescribed, that I may be taking and/or have taken within the past 60 days, prior to the drug test being administered.

I consent to the release of the results of any test to authorized representatives of the Harvey Park District for appropriate review.

I acknowledge that the Drug and Alcohol Policy of the Harvey Park District is to have a drug-free environment. I consent freely and voluntarily to a drug test under the circumstances described above with the terms and conditions of the Drug and Alcohol Policy.

(Signature)

(Date)

(Time)