

Volunteer Application Form

Please print this form, fill out and mail or fax to the address below.

Cantigny
Volunteer Coordinator
1 S 151 Winfield Road
Wheaton, IL 60189

Phone 630 260 8232
Fax 630 260 8160
volunteer@cantigny.org



Today's Date _____

Name _____ Nickname (if desired) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Best time to reach you _____ May we contact you at work? yes no

E-mail Address _____ Are you at least 16 years of age? yes no

In case of an emergency or illness please notify:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please describe any medical condition/allergies that we need to be aware of:

How did you learn about our volunteer opportunities?

on a website (specify which website) _____ in a newspaper or magazine

in a brochure visiting the Park/museums from a friend/family member from a volunteer saw the road signs

at the Volunteer Booth at an event (specify which event) _____

other (please explain) _____

What do you hope to gain from being a Cantigny/McCormick Foundation volunteer? What interests you about volunteering here?

Availability for volunteering:

on going/year round summer only

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon

Which volunteer positions are you interested in? *(Please indicate your top 5 choices by numbering the boxes starting with #1 for most interest)*

Visitor Services Information Kiosk Courtesy Tram Driver Gift Shop Assistant Children's Program Volunteer

(must be at least 21 years of age)

Birthday Party Assistant

Robert R. McCormick Museum Tour Greeter Docent Collections Care Volunteer

First Division Museum Lobby Greeter School Tour Guide Historic Military Vehicle Volunteer Artifact Aide

Archives Assistant Library Assistant Research Assistant

Horticulture

Greenhouse/Nursery Assistant Floral Assistant Interior Plants Assistant Garden Assistant Inventory Assistant

Formal Gardens Docent Idea Garden Weekend Docent Prairie Garden/Savannah Garden Assistant Garden Photographer

Please list any current/past volunteer experiences:

Please list any areas in which you have experience or an interest in and explain briefly:

Are you fluent in any other languages? (please specify)

Would you like to be notified of one time/special event volunteer opportunities? yes no

I agree that the statements made in this volunteer application have been freely given and are correct and true. I understand that the McCormick Foundation, the McCormick Freedom Museum, Cantigny Foundation and the Cantigny First Division Foundation will hold all information provided in this application in strict confidence.

Applicant Signature _____ Date _____

If the applicant is under the age of 18 years of age, a parent or guardian must sign below.

Parent/Guardian Signature _____ Date _____

Cantigny/McCormick Foundation Volunteer Agreement

A. General Provisions

1. I will attend the required orientation and training for my volunteer position.
2. I understand that, as a volunteer, I am not an employee of Cantigny or the McCormick Foundation, that my involvement will not lead to employment status, and that I will not receive compensation for my services.
3. I am not authorized to drive any over the road vehicle or operate any power tool, or any equipment that might be considered dangerous to use. (Volunteer tram drivers will drive trams only after a driving record check and thorough training.)
4. I understand that I must operate within the scope of the duties associated with my volunteer position, as outlined by my activity description and the instructions of my supervisor.

B. Waiver, Hold Harmless and Indemnity

I will save, indemnify, keep and hold harmless the McCormick Foundation, including the McCormick Freedom Museum, Cantigny Foundation and the Cantigny First Division Foundation, their Directors, employees, agents and other volunteers from all damages, judgments, expenses (including reasonable attorney fees), costs of liabilities in law or equity suffered because of damage to property that may arise out of, or as a consequence of my negligent or intentional acts while participating in McCormick Foundation volunteer programs.

C. Photo Release

I agree that the McCormick Foundation, including the McCormick Freedom Museum, Cantigny Foundation and the Cantigny First Division Foundation may use my likeness in any brochures or promotional materials that will be used to promote the McCormick Foundation, the Cantigny Foundation and the Cantigny First Division Foundation.

D. Background Check

I understand that the McCormick Foundation, including the McCormick Freedom Museum, Cantigny Foundation and the Cantigny First Division Foundation will conduct a background check prior to my admittance into the volunteer program. I will provide the necessary information as requested.

Volunteer's Signature _____ Date _____

Print Name _____ Birth Date _____

Volunteer's Address _____

_____ Phone _____

(City, State, Zip)

Note: If the volunteer is under 18 years of age, a parent or the guardian of the volunteer must sign this application on behalf of the volunteer, agreeing to the terms and conditions of this agreement..

(Signature of parent/guardian)

(Print name of parent/guardian)

For Office Use Only

Date Application Received _____

Placement _____

Approved By _____