



VOLUNTEER (FIRE CORPS) APPLICATION

Village of Hanover Park – Fire Department

6850 Barrington Road

Hanover Park, Illinois 60133

(630) 823-5800

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We welcome you to the Village of Hanover Park's Volunteer/Intern Program. Filling out this application is the first step in turning your talents and skills into positive action for your community.

It is the policy and intent of the Village of Hanover Park to provide equal opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, place of residence, political affiliation, marital status, veteran status, physical or mental disability, sex or age or any other legally protected status (except when sex, age, or physical or mental disability is a bona fide occupational qualification) in all aspects of our personnel policies, programs, practices and operations. This policy applies to all phases of full and part-time, temporary, paid or unpaid and seasonal employment.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the Village of Hanover Park. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information which you believe qualifies you for the position for which you are applying. Anyone requiring a reasonable accommodation to complete the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE USE TYPEWRITER OR PRINT IN INK

PROGRAM APPLIED FOR: <input type="checkbox"/> FIRE CORPS VOLUNTEER _____	DATE OF APPLICATION / /
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PERSONAL INFORMATION

LAST NAME		FIRST NAME		M.I.
ADDRESS	APT.	CITY	STATE	ZIP CODE
HOME PHONE NO. ()		CELL PHONE NO. ()		
EMAIL ADDRESS				
DRIVER'S LICENSE NUMBER			DRIVER'S LICENSE STATE	
HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? IF YES, EXPLAIN				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS YOUR DRIVER'S LICENSE EVER BEEN PLACED ON PROBATION? IF YES, EXPLAIN				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A CRIME? (Exclude juvenile court cases and minor traffic violations for which you were fined \$130 or less and any arrests or convictions that are sealed or expunged.) IF "YES", EXPLAIN THE NATURE OF THE OFFENSE, DATE AND LOCATION.				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
NOTE: A "YES" ANSWER IS NOT AN AUTOMATIC DISQUALIFICATION, BUT AN UNTRUE ANSWER WILL DISQUALIFY YOU.				
CAN YOU PERFORM ALL THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO				

INSTRUCTIONS: List all employers, beginning with your present or most recent employment. It is important to be complete. List all work experience including military, volunteer and intern experience. Feel free to duplicate this page to list additional employers and to attach a resume to the application after completing this page.

EMPLOYMENT

NAME OF PRESENT OR LAST EMPLOYER		MAILING ADDRESS, CITY, STATE		ZIP CODE	TELEPHONE
POSITION HELD		EMPLOYMENT DATES FROM ____ / ____ / ____ TO ____ / ____ / ____			
DUTIES PERFORMED					
NAME OF NEXT PREVIOUS EMPLOYER		MAILING ADDRESS, CITY, STATE		ZIP CODE	TELEPHONE
POSITION HELD		EMPLOYMENT DATES FROM ____ / ____ / ____ TO ____ / ____ / ____			
DUTIES PERFORMED					
NAME OF NEXT PREVIOUS EMPLOYER		MAILING ADDRESS, CITY, STATE		ZIP CODE	TELEPHONE
POSITION HELD		EMPLOYMENT DATES FROM ____ / ____ / ____ TO ____ / ____ / ____			
DUTIES PERFORMED					
NAME OF NEXT PREVIOUS EMPLOYER		MAILING ADDRESS, CITY, STATE		ZIP CODE	TELEPHONE
POSITION HELD		EMPLOYMENT DATES FROM ____ / ____ / ____ TO ____ / ____ / ____			
DUTIES PERFORMED					

EDUCATION AND TRAINING RECORD

CIRCLE THE HIGHEST GRADE COMPLETED		GRADE SCHOOL/HIGH SCHOOL		COLLEGE		POST-GRADUATE															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	1	2	MA	PhD
NAME AND ADDRESS OF LAST SCHOOL ATTENDED				DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO				GED TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO													
NAME AND LOCATION OF SCHOOL		TOTAL NO. OF CREDIT HOURS SEM QTR		TYPE OF TRAINING OR MAJOR		FROM	TO	NAME OF CERTIFICATE OR DEGREE RECEIVED													

LIST ANY LICENSES (TYPE AND NO.), SEMINARS, TRAINING SESSIONS, SKILLS, WORK EXPERIENCE, ETC. THAT MAY CONTRIBUTE TO YOUR VOLUNTEER EFFORTS (FOR EXAMPLE: FOREIGN LANGUAGE, EMERGENCY SERVICE TRAINING, PAST VOLUNTEER EXPERIENCE, ETC).

PROFESSIONAL REFERENCES

LIST THREE REFERENCES FROM PAST OR CURRENT EMPLOYERS. THESE PEOPLE SHOULD BE FAMILIAR WITH YOUR WORK AND BE IN A SUPERVISORY OR MANAGEMENT POSITION. ONE REFERENCE SHOULD BE FROM CURRENT EMPLOYER.

1.				
	NAME	ADDRESS	PHONE NO.	RELATIONSHIP
2.				
	NAME	ADDRESS	PHONE NO.	RELATIONSHIP
3.				
	NAME	ADDRESS	PHONE NO.	RELATIONSHIP

MISCELLANEOUS

ARE YOU PROFICIENT IN ANY OTHER LANGUAGES? (Please indicate degree of proficiency in speaking, reading and writing.)

1.	NAME OF LANGUAGE: _____	PROFICIENCY _____
2.	NAME OF LANGUAGE: _____	PROFICIENCY _____

WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL?
 IF YES, EXPLAIN YES NO

MILITARY SERVICE (COMPLETE ONLY FOR FIRE CORPS, CERT VOLUNTEERS OR FIRE OR POLICE INTERN POSITIONS)

HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DETAILS
GIVE DATE & LOCATION OF DISCHARGE (City & State)	
WHAT TYPE OF DISCHARGE DID YOU RECEIVE? (Honorable, Medical, Dishonorable, Honorable Conditions, etc.)	
WERE YOU EVER CONVICTED AT A COURT MARTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DETAILS
ARE YOU NOW OR WERE YOU EVER A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DETAILS
ARE YOU NOW OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DETAILS

Village of Hanover Park
2121 W. Lake Street, Hanover Park, Illinois 60133

**Participant Liability Waiver and
Hold Harmless Agreement**

Name and description of program: _____

Dates of participation: _____

Please read this form carefully and be aware that by registering for and participating in this program, or by registering your minor child/ward for participation in this program, you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program. You will also be required to indemnify and hold harmless the Village of Hanover Park for any claims arising out of participation in this program.

Risk of injury: As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities associated with this program.

Waiver of injury claims: I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program.

Release from liability: I do hereby fully release and discharge the Village of Hanover Park, its officers, agents, and employees from any and all claims from injuries, including death, damage, or loss, which I or my minor child/ward may have or which may occur on account of participation in the program,

Indemnity and defense: I further agree to indemnify, hold harmless and defend the Village of Hanover Park and its officers, agents, and employees from any and all claims from injuries, including death, damages, and losses, sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize the Village to secure from any licensed hospital, physician and/or medical personnel any treatment deemed reasonable and necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read, fully understand, and agree to the above stated conditions and any attached conditions or rules of participation in the program.

Print name address and phone number of Participant

Print name, address and phone number of parent or legal guardian of Participant under 18 years of age

Participant's signature and date

Signature and date