# COMMUNITY SERVICE APPLICATION FORM

8800 W. Kathy Lane, Niles, IL 60714-5708
Phone (847) 297-3000 FAX (847) 297-6179

By filling out this form with the district, the Golf Maine Park District does not guarantee that it will take on the responsibility of supervising your community service hours. This document is requested by the district to get an idea of your availability and to evaluate whether or not the district is a good match with the applicant. Also, if the district agrees to work with the applicant, the district does not guarantee full completion of the hours for several reasons including but not limited to: change of available hours, dishonesty, lack of dependability and adherence to establish work schedule, tardiness, or lack of available work hours at the district.

*(PLEASE PRINT)*

*Position(s) Applied For* — *Date of Application*

**Community Service Hours**

*How Did You Learn About Us?*

_____ Maine Township _____ Relative _____ Law Enforcement
_____ Friend _____ Walk-In _____ Other: _____

| *Last Name* | *First Name* | *Middle Name* | |
|---|---|---|---|
| *Address* | *City* | *State* | *Zip Code* |
| *Cell Number* | *Telephone Number(s)* | | |

Are you at least 16 years of age? _____Yes _____No

Are you currently in school? _____Yes _____No

Have you ever been employed by us? _____Yes _____No

If yes, give date and position held: _____

Are you currently employed? _____Yes _____No

**EDUCATION**

| | Elementary School | | | | High School | | | College/University | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| School Name & Location | | | | | | | | | | | |
| Years Completed | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 |

Describe any specialized training, apprenticeship, skills and extra-curricular activities
.

State any additional information you feel may be helpful to us in considering your application.

During the school year, the vast majority of the hours will be required to be completed Monday-Friday. During the

summer months, Saturday and Sunday are more available.

What Days and Times are you available?

| | | | |
|---|---|---|---|
| Monday | _____ | Friday | _____ |
| Tuesday | _____ | Saturday | _____ |
| Wednesday | _____ | Sunday | _____ |
| Thursday | _____ | | |

When do you need to have your hours completed by? _____

How many hours are you required to complete? _____

Limitations

Are there any physical or personal limitations or considerations that may interfere with or otherwise impact upon your ability to perform the job for which you are applying? ___ Yes ___ No

If yes, please explain: _____

_____

_____

## CERTIFICATION

I certify that there are no willful misrepresentations, omissions or falsifications in this application, and all my answers are true and correct to the best of my knowledge and belief. I understand that any false statements or omissions may result in my elimination for consideration service hours. I hereby authorize the Golf Maine Park District to make investigation of all statements contained in this application. I hereby release all parties from any liability that may arise from such disclosure. I hereby acknowledge that I have read and understand the foregoing and intend to be bound thereby.

_____

Signature of Applicant

_____

Date