



**US Army Corps
of Engineers** ®
St Louis District

Carlyle Lake / Kaskaskia Navigation Project Volunteer Application

Date: _____

Name: _____

Last *First* *Middle Initial*

Address: _____

Street *City* *State*

Zip Code

Phone: () ()

Home with area code *Work with area code*

Social Security #: _____ *Birth Date:* _____

Back ground checks will be conducted *You must be 16 to volunteer.*

Email address: _____

Emergency Info: *(Please list two emergency contacts)*

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Name *Relationship* *Phone with area code*

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Name *Relationship* *Phone with area code*

Education: *(Please circle the last year completed)*

High School 1 2 3 4 *College* 1 2 3 4 *Graduate* 1 2 3 4

Last School Attended

Degree Earned

Employment:

Current Employment:

Company Position

Supervisor and phone #

Years of service _____

Previous Employment:

Company Position

Supervisor and phone #

Years of service

Volunteer Employment:

Position

Company

Supervisor and phone #

Years of service

Professional References:

Please provide the following information (do not list friends or family members)

Name

Relationship

How long have you known this person

(_____)

Complete Address

Phone Number

Name

Relationship

How long have you known this person

(_____)

Complete Address

Phone Number

Experiences:

Please mark the position that you are interested in learning more about

____ Staff Reception Desk

____ Meet and Greet Visitors

____ Give tours of the Dam and other educational programs

____ Gift Shop Sales and Stocking

____ Working Outdoors

____ Working Indoors

____ Special Events

Do you speak any other languages fluently?

Please describe any training, skills, teaching experience and /or certificates that may enhance your ability to be a successful volunteer.

Have you volunteered here before? If so, what programs were you involved with?

Why would you like to volunteer for the Carlyle Lake Project?

How did you learn about our Volunteer Program? If a friend referred you, please provide that person's name.

Availability:

Please check the boxes below that represent your regularly available hours.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Do you anticipate a change in schedule? If so, when? _____

How long can you commit to volunteering at the Carlyle Lake Project _____

Optional Information:

Medical Conditions: _____

Allergies: _____

Medication: _____

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. If the information provided in this document is found to be untruthful, I understand that I will be released from the volunteer program. I am aware that this information may be disclosed to any party with legal and proper interest, and I release the agency from all liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer, and that filling out an application for the program does not guarantee acceptance into a volunteer position. If you have a current resume and would like to include it, we would welcome the additional information.

Applicant's signature _____

Date _____

Please return form to:

Carlyle Lake/Kaskaskia River Project Office
c/o Volunteer Coordinator
801 Lake Road
Carlyle, IL 62231

Phone: (618) 594-2484
Fax: (618) 594-8569