

SERVICE PROJECT PACKAGE

The Confirmandi will be asked to participate in the following service activities. Students may make choices of times among the services listed below. Service requirements are listed for each activity. Any food products or merchandise purchased for activities should come from the Confirmandi's own money.

HANDS ON PROJECTS

You must complete 1 "Hands On" project. A "Hands On" project is doing service for someone or group you would normally not deal with, i.e. nursing home patients, special needs children or adults, homeless people at a shelter; young children for special occasions, i.e. VBS, etc. The attached reflection paper will need to be filled out and returned to your teacher/catechist.

St. Vincent DePaul ~ "Hands On"

9321 S. Western Ave.
Chicago, IL

Please call 773.881.0600 to make arrangements and have them sign a service form for you. See Mary.

Time: 9:00 - 1:00 p.m.

When: Saturdays November - May

Activity: Sorting clothes, helping customers
Limited to 2 students per Saturday

Service required: One 4 hour shift

PADS ~ "Hands On"

Activity: Purchase, prepare, and clean-up after serving a meal to the homeless.

Date: Every 3rd Tuesday, October 19 – April 19 ~ You may also call and set up to go on another night.

Time: 5:30-8:30 p.m.

Place: Southwest Chicago Pads 773.737.7070
3121 W. 71st Street
Chicago, IL

Limited to 2 students from MHR and 2 students from SOR. Parent or sponsor drivers required. A mentor will be assigned at the facility.

Oak Lawn Park District ~ "Hands On"

Activity: Help with special recreation programs

Contact: Christina Tiesch
Oak Lawn Park District ~ Flier attached
857.2200

See attached flier and complete attached volunteer form.

Ronald McDonald House / Meals From The Heart ~ "Hands On"

Activity: Bring and serve meal to current residents of Ronald McDonald House

Contact: Coordinator of Meals
4410 W 93rd St.
Oak Lawn, IL
423.5285
Student must be accompanied by an adult

Service projects ~ These projects are not “Hands On”

Evergreen Park Youth Commission

Activity: Various activities for the Youth Commission
Date: TBA
Contact: Youth Commission Director or Mr. Jim Phelps
229-3377

Cards for the sick, shut-ins and elderly of our parish

Activity: Make cards for each of these holidays: Halloween, Thanksgiving, Christmas, Valentine Day, Easter;—**10 Cards must be made at home for each holiday**

SOR students: Sign-up for card making on Monday, October 3, in the Monday night office.

Share Your Sole Foundation

Activity: Help sort and pack shoes
Contact:

708.653.3712
5619 W 115th Street
Chicago Ridge, IL
Call to make arrangements; parent or sponsor required to attend. Visit www.shareyoursoles.org for other ways you can volunteer.

Center Hours

Tuesday, 9 a.m. – 2 p.m. & 4 – 8 p.m.
Wednesday, 9 a.m. – 2 p.m.
Thursday, 9 a.m. – 2 p.m.
Saturday, 10 a.m. – 3 p.m.

Community Service

Activity: Offer your services to a neighbor in need on a regular basis by:

- 1) Raking leaves
- 2) Shoveling snow
- 3) Taking out the garbage
- 4) Running small errands
- 5) Baby sitting free of charge
- 6) Small household tasks

Community service must be approved by Director of Religious Education or MHR teachers.

I want to volunteer because _____

NAME OF EVENT

DATES OF EVENT

_____ / _____

DAYS AVAILABLE TO VOLUNTEER

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

TIMES AVAILABLE TO VOLUNTEER

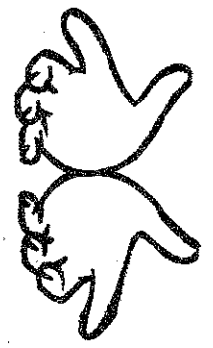
A.M. _____ / _____

A.M. _____ / _____

P.M. _____ / _____

P.M. _____ / _____

YOUR COMMENTS



VOLUNTEER SERVICES APPLICATION

Oak Lawn Park District
 4625 West 110th Street
 Oak Lawn, IL 60453

Phone: 708/ 857-2200
 Fax: 708/ 857-7614
 E-mail: volunteer@olparks.com

V O L U N T E E R

Please note: This Volunteer form must be filled out, signed and returned to Chris Tiesch, Volunteer Coordinator as soon as possible.

I/We the Parent(s)/Guardian(s) of _____ do hereby grant permission for my/his/her/picture/video to be used for publicity or in brochures related to the programs of the Oak Lawn Park District.

Signature _____
 Volunteer/Parent/Guardian _____

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer.

I have received the agency's volunteer personnel policies and I agree to abide by the volunteer personnel policies of the agency.

Applicant's Signature _____

Date _____

EDUCATION

▶ Name of Elementary School _____

▶ Name of High School _____

▶ Name of Undergraduate Degree/School _____

Major _____

▶ Name of Graduate Degree/School _____

Major _____

EMPLOYMENT INFORMATION

Employed Un-employed

Retired Student

▶ Employee's Name _____

▶ Address _____

▶ City _____ State _____ Zip _____

▶ Department or Suite # _____

▶ Occupation _____

My employer offers a time-off for volunteers.

My employer offers a donation matching program.

"Regular volunteer work more than any other activity increases life expectancy"

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Emergency Phone _____ Business Phone _____

E-Mail Address _____ Age _____ Birthday _____

Spouses name if married _____

Have you ever served as a volunteer with us before? No Yes If yes, in what year? _____

Is anyone else at this address already a volunteer here? No Yes If yes, what is their name? _____

Oak Lawn Park District SECURITY RELEASE

"I hereby authorize any and all law enforcement agencies to release all information regarding any conviction record I may have. I hereby release all individuals, corporations, and agencies from all liability for any damage whatsoever that may ensue from furnishing some to the Oak Lawn Park District. I hereby agree also to be fingerprinted by the Oak Lawn Police Department if so requested."

Signature _____ Date _____

Oak Lawn Park District VOLUNTEER WAIVER

Volunteer and/or Parental waiver and release from liability and authorization for minors.

I/We hereby authorize myself/ my child/ward to volunteer for the Oak Lawn Park District Volunteer Services program. I understand I/my child/ward will be participating in the following program(s) and or special events:

Signature _____ Date _____

I/We recognize and I/We agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s). I/We agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Oak Lawn Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the District and its officers, agents, servants, and employees from any and all claims from injuries, damages or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities or the program(s), to include all claims arising out of, connected with or in any way associated with the activities of the transportation service, including but not limited to boarding, exiting and transporting. In the event of any emergency, I/We authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed 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/We have read and fully understand the above information, warning of risk, assumption of risk, and waiver and release of all claims and permission to secure treatment. If registering online or via fax, I understand my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

I/We have read and understand the above warnings of risk and waiver of claims against the Oak Lawn Park District.

Signature _____ Date _____

PLEASE BE SURE THAT ALL 3 SIGNATURE LINES ARE SIGNED