



# Request to Volunteer

**Name** [Click here to enter text.](#)

**Date** [Click here to enter a date.](#)

**Address / City / Zip** [Click here to enter text.](#)

**Phone** [Click here to enter text.](#)

**E-Mail** [Click here to enter text.](#)

**Days of the Week Available** [Click here to enter text.](#)

**Times Available** [Click here to enter text.](#)

## Area of Interest:

General Office

Museum Collection

Museum Customer Service

Golf

Trail Stewardship

Historical Education

Gardening

Environmental Education

Horticultural Education

## Preferred Location:

Lake of the Woods, Mahomet

Middle Fork, Penfield

Homer Lake, Homer

River Bend, Mahomet

Sangamon River, Fisher

**In the space below, please list areas of experience and expertise drawing from work-related experiences, personal interests, and agencies / associations you have volunteered with.**

[Click here to enter text.](#)

# Volunteer Emergency Form

Please fill out the information listed below. This information is classified and will be used only in an emergency. This will be kept in your personnel file at Headquarters.

**Name:** Click here to enter text.

**Date:** Click here to enter a date.

**Volunteering in which Department?** Click here to enter text.

**Address:** Click here to enter text.

**City:** Click here to enter text.

**State:** Click here to enter text.

**Zip Code:** Click here to enter text.

**Phone:** Click here to enter text.

**Date of Birth:** Click here to enter text.

**E-Mail Address** Click here to enter text.

## Emergency Contact:

1. **Name:** Click here to enter text.

**Relationship:** Click here to enter text.

**Address:** Click here to enter text.

**City:** Click here to enter text.

**Home Phone:** (Click here to enter text.)

**Work/Cell Phone:** (Click here to enter text.)

2. **Name:** Click here to enter text.

**Relationship:** Click here to enter text.

**Address:** Click here to enter text.

**City:** Click here to enter text.

**Home Phone:** (Click here to enter text.)

**Work/Cell Phone:** (Click here to enter text.)

**Name of Physician:** Click here to enter text.

**Hospital:** Click here to enter text.

**Contact Lenses:** YES Click here to enter text.

NO Click here to enter text.

**If any allergies, including bee stings, please specify:** Click here to enter text.

**Are there any other medical concerns we should know about:** Click here to enter text.

***This page will need to be printed and brought with you upon volunteering with the District.***

**Champaign County Forest Preserve District**

**Volunteer Waiver and Release**

The Champaign County Forest Preserve District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of volunteers in high regard. CCFPD continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteer's safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any activity or program.

Please recognize that the CCFPD carries only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers review their own health insurance policy for coverage. Additionally, each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**Warning of Risk**

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when providing volunteer services. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending upon the volunteer services, certain risks, dangers and injuries due to acts of God, inclement weather, slip and falls, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to the particular volunteer services exist. In this regard, it must be recognized that it is impossible for CCFPD to guarantee absolute safety.

**Waiver and Release of All Claims and Assumption of Risk**

Please read this form carefully and be aware that in consideration for providing volunteer services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer services (including transportation services/vehicle operations, when provided).

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of my volunteer services. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of my volunteer services against the CCFPD, including its officers, officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

**Photo and Model Consent Release**

I hereby give CCFPD and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use photographic reproductions or likenesses of me and/or my name. This authorization and release covers the use of said material in any published form, and any medium of advertising, publicity or trade. Furthermore, I, for myself, my heirs, executors, administrators or assigns, assign and transfer to the organization all rights, title, and interests in and to all reproductions taken of me by representatives of CCFPD. The agreement fully represents all terms and considerations, and no other inducements, statements or promises have been made to me.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Volunteer's Name [Click here to enter text.](#) E-Mail [Click here to enter text.](#)

Address [Click here to enter text.](#)

City/State/Zip [Click here to enter text.](#)

Phone [Click here to enter text.](#)

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature if Volunteer is a Minor \_\_\_\_\_

**Participation will be denied if the signature of the volunteer and date are not on this waiver.**

