

Lake County Forest Preserves

www.LCFPD.org



VOLUNTEER AGREEMENT AND WAIVER

Volunteer Name: _____

Home Address: _____
Street city/state zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ email: _____

Please list any pre-existing conditions, allergies or medications that you feel LCFPD should be aware of:

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

(For a minor volunteer, please list parent or legal guardian first)

A. GENERAL PROVISIONS

1. I understand and agree that, in accepting a position as a Lake County Forest Preserve District (the "District") volunteer, I will comply with all rules, regulations, guidelines and policies established by the District. I will read the material provided by my volunteer program, so I may follow District policies, regulations and program procedures for a safe volunteer experience. I agree to operate within the scope of the duties associated with my volunteer position, whether performing those duties on or (as in the case of special events) off District property.

2. I understand and agree that as a representative of the District, I shall act and conduct myself in the best interests of the District. This includes working cooperatively with fellow volunteers, District staff, and the public in order to set a high standard and positive image of the District. I further understand and agree that any and all requests for interviews, press releases, or media requests should be directed to District staff.
3. I understand and agree that I am not an employee of the District; and as a volunteer providing services without compensation, I will not be entitled to any benefits afforded employees of the District or bound by any obligations of employees of the District. I further understand and agree that my volunteer services will not lead to employment.
4. I understand and agree that I am not authorized to operate a District vehicle or any type of District-owned or personally owned power equipment while performing District volunteer tasks including but not limited to, power saws, chain saws, weed trimmers, lawn mowers, and snow blowers without District-approved training.
5. I understand and agree that I can terminate my volunteer position with the District at any time, with or without notice or cause, and, that the District retains the same right and can terminate my volunteer services at any time, with or without notice or cause -- at the sole discretion of the District. Further, if my performance fails to meet acceptable standards detailed during my job orientation and/or outlined on my job descriptions, I may be dismissed from my volunteer position. Additionally, I understand that failure to abide by any of the rules, regulations, guidelines, or expectations may result in dismissal as a District volunteer. Volunteers may also be dismissed if there is no longer a need for services.
6. I understand that I am a representative of the District and must do my best to present a positive image of the District to those who visit the facilities and preserves. This includes being courteous and helpful to visitors, and appropriately wearing any required volunteer uniform.
7. I understand and agree that it is my responsibility to wear personal protection equipment during brush cutting and sawing, prescribed burns, herbicide use, and when using power equipment as directed by the District; and to otherwise comply with all applicable safety rules, regulations, and direction.
8. I understand that volunteers are covered by the District's Volunteer Medical Accident Insurance for accidental injuries to themselves while within the scope of their designated duties as a volunteer. I have received, read and understand the protocol for reporting such accidents, and realize that failure to follow that protocol may result in loss of such coverage. I understand that I am responsible for reporting any accidents to the Volunteer Coordinator as soon as possible but no later than within 24 hours of the incident.
9. I understand that as a volunteer I may be covered by the District's Volunteer Insurance Coverage. The District is self insured, meaning the District itself pays for all losses, claims, etc. Park District Risk Management Agency (PDRMA) administers the District's self-insured "coverage" program. In some instances, I may have insurance coverage available to me from other sources (i.e., auto liability or homeowners liability coverage). Because the District is self-insured, if I have other available insurance, I must first notify that other insurance carrier and request that they defend and indemnify me before the District's self-insurance is available to me. This coverage coordination obligation applies to volunteers, employees or Board members alike.
10. I understand that my name, address, and phone number may be requested by a Public Records Examination Request filed through the Illinois Freedom of Information Act. The information requested will not be used for the purpose of furthering any commercial enterprise or interest.

B. WAIVER, HOLD HARMLESS AND INDEMNITY:

1. I fully understand and agree to assume all risks of injury associated with my participation in the District's volunteer program. 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.
2. I understand that the District has volunteer accident insurance coverage. Accident insurance coverage will pay up to \$5,000 for medical and hospital expenses. Accident insurance is written on the "excess" basis. If I have other insurance that would respond, that insurance would be primary, and the coverages provided by the District's insurance carrier would be secondary, or "excess". If no medical insurance, then the accident insurance provided by the District's carrier would be primary. I hereby waive any and all claims against the District, its Commissioners, employees, agents and other volunteers in excess of the aforementioned amount for bodily injury or death arising out of, or in any manner connected with, my participation in the District's volunteer program.
3. I will defend, indemnify, keep and hold harmless the District, its Commissioners, employees, agents and other volunteers, from all damages, judgments, expenses (including reasonable attorney fees) costs or liabilities in law or equity suffered because of the injury to or the death of any person or persons, or because of damage to property that may arise out of, or as a consequence of, my negligent or intentional acts while participating in the District's volunteer program.
4. I give permission for my picture to be used in District promotional material, including the LCFPD.org Website.

I have read and fully understand and agree to the above terms and conditions, and waiver and release of all claims and assumption of risk.

Date: _____

Volunteer's Address:

Volunteer's Signature

Street Address

Type or Print Volunteer's Name

City, State, Zip

Birth Date

Telephone Number

Each party agrees that the electronic signature included in this Waiver and Release is intended to authenticate this writing and to have the same force and effect as a manual signature. Click the checkbox to agree.

NOTE: If the volunteer is under 18 years of age, a Parent or the Guardian of the Volunteer must sign this Agreement on behalf of the Volunteer, agreeing to the terms and conditions of this Agreement. If applicable, a PARENT or GUARDIAN must sign below.

Signature of Parent

Type or Print Parent's Name

OR

Signature of Guardian of Volunteer

Type or Print Guardian's Name

Each party agrees that the electronic signature included in this Waiver and Release is intended to authenticate this writing and to have the same force and effect as a manual signature. Click the checkbox to agree.