

WAUKEGAN PARK DISTRICT
Volunteer Agreement

Please read this agreement carefully so that you fully understand your role and duties as a volunteer.

The Waukegan Park District very much appreciates your willingness and commitment to donating your time and talents to this our agency. Volunteers make a significant difference and we thank you for your participation in any and all volunteer activities. As a volunteer, you serve as an ambassador of our agency and are expected to comply with applicable policies, procedures, and guidelines designed to maintain a positive image of our Park District and to facilitate safe and efficient use of volunteer services. Persons wishing to volunteer for the Park District must agree and comply with the following terms and conditions:

I agree to serve as a volunteer for the Waukegan Park District. I will observe the ordinances, policies and procedures of the Waukegan Park District while I am volunteering. I agree and understand that I am responsible for complying with supervisory directive from the Waukegan Park District staff or staff from other organizations who are jointly running any event/program which I agree to volunteer for. I understand that I may terminate my volunteer services for the Park District at any time and for any reason or no reason at all, with or without notice, and the Waukegan Park District retains the same right.

I understand and acknowledge that volunteers are not covered under the workers' compensation insurance of the Waukegan Park District and that the Park District recommends that volunteers should review their own health insurance policy for coverage. I further understand that the absence of health insurance does not make the Waukegan Park District or any other organizations who are jointly running this event/program responsible for the payment of medical expenses not related to the volunteer services. I understand that the Park District does provide limited volunteer medical accident coverage for injuries arising out of and within the scope of my volunteer services. However, such coverage is excess of any other available health insurance and shall not contribute with it. 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.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this language 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 or your minor child/ward may sustain as a result of participating in any and all activities connected with and associated with your (or your minor child/ward's) volunteer services (including transportation services, when provided).

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in any volunteer activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I (or my minor child/ward) may sustain as a result of my volunteer services. I further agree to waive and relinquish all claims I (or my minor child/ward) may have (or accrue to me or my minor child/ward) as a result of my volunteer services against the Waukegan Park District and any joint sponsor(s)

including their respective 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 (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 my (or my minor child/ward's) volunteer services.

I further agree and understand that this waiver and release of all claims and assumptions of risk is valid and enforceable through December 31st of the calendar year noted below and shall apply to any and all volunteer activities and services I participate in during this calendar year.

I have read and understand the above agreement and waiver and release of all claims and assumption of risk and agree to its terms. If submitting information on-line or via fax, my on-line e-mail or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT CLEARLY

FIRST NAME	LAST NAME

ADDRESS	CITY	State	ZIP

PHONE #	E-MAIL ADDRESS

EMERGENCY CONTACT	PHONE NUMBER

ARE YOU AFFILIATED WITH A SERVICE ORGANIZATION?
<input type="checkbox"/> No <input type="checkbox"/> Rotary <input type="checkbox"/> Police Alumni <input type="checkbox"/> Harris Bank <input type="checkbox"/> College of Lake Co. <input type="checkbox"/> Other _____

SIGNATURE	DATE	AGE
		<input type="radio"/> Under 18 <input type="radio"/> 18+

(IF UNDER 18 GUARDIAN MUST SIGN)

(THIS INFORMATION SHOULD BE UPDATED ANNUALLY – expires Dec 31st of current year)

**WAUKEGAN PARK DISTRICT
Volunteer Application**

Name (*print legal name*): _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ Cell Number: (_____) _____

E-mail Address: _____ @ _____ (Please Print Clearly)

Birth Date: ____/____/____

Have you ever volunteered at the Waukegan Park District/SRSNLC before? (circle) yes no

Specific Areas/Programs Interested in volunteering for: _____

Age groups interested in working with: _____

Any special experiences or skills: _____

Days, dates, times I am willing to volunteer (circle all): *M T W Th F S Su*

dates available: _____

times available: _____

References:

1. *Name:* _____
Address: _____
City: _____ *State:* _____ *Zip:* _____
Phone number: _____
Relationship: _____

Supervisor contacted this reference
 Yes
 No

2. *Name:* _____
Address: _____
City: _____ *State:* _____ *Zip:* _____
Phone number: _____
Relationship: _____

Supervisor contacted this reference
 Yes
 No

I certify that answers given above are true and complete to the best of my knowledge. I authorize background check to be completed to determine qualifications related to the volunteer position, according to Waukegan Park District Policies. I understand that this application is for a volunteer position only and does not guarantee a volunteer position or act as a contract in any way.

Signature Required: _____ Date _____

<p>Supervisor Completes: Supervisor's name _____</p> <p>*****make sure the Volunteer Agreement is also completed and all signatures in places*****</p> <p>This volunteer will:</p> <p><input type="checkbox"/> be in a one-on-one with children <input type="checkbox"/> be responsible for money <input type="checkbox"/> be given keys or access to secure areas <input type="checkbox"/> be given access to the computer <input type="checkbox"/> drive a park district vehicle <input type="checkbox"/> none of the previous</p> <p>*****Attach Job Duties page *****</p> <p>Additional Paperwork required:</p> <p><input type="checkbox"/> Supplemental Form <input type="checkbox"/> Drivers check-ride <input type="checkbox"/> Volunteer Orientation <input type="checkbox"/> EOP for Facility or Event</p>
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