



**Forest Preserve District of Kane County
Volunteer Services Division**

1996 S. Kirk Rd., Ste. 320

Geneva, IL 60134

Tel: 630-208-8662 Fax: 630-232-2038

Email: Volunteer@kaneforest.com Web: www.kaneforest.com

AGREEMENT AND MEDICAL RELEASE FORM

(Only one person per form – please fill out BOTH SIDES and sign where indicated on the back)

Volunteer Name: _____

Home Address: _____
Street City/State Zip

Home Phone: _____ **Work Phone:** _____

Volunteer Disclosure (optional):

Please list any pre-existing conditions, allergies or medications that medical personnel should be aware of, in case of an emergency: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

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

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

In agreeing to serve as a District volunteer, I understand and agree to the following:

1. I agree to operate within the scope of the duties associated with my volunteer position, whether performing those duties on or off District property (as in the case of special events). I have received the required orientation from my District staff contact and/or the District Volunteer Coordinator, and I understand what my volunteer duties entail. I understand that, in accepting the position as Forest Preserve District of Kane County Volunteer, I am agreeing to follow all rules, regulations, guidelines and policies presented during orientation.
2. I understand that I am not and will not be considered an employee of the Forest Preserve District of Kane County, nor will my involvement lead to employment, nor will I receive compensation for my services. I understand that I am at all times to follow the supervision and direction of the District staff members in the commission of any volunteer activity. I also understand that I do not supervise other District volunteers unless specifically authorized to do so by District staff.
3. I understand that my volunteer relationship with the District can be terminated at any time by either party. I understand that failure to abide by any of the rules, regulations and/or guidelines presented here or in any other form through the District may result in disciplinary action and/or my dismissal as a District volunteer. If my volunteer relationship is suspended or terminated, I will promptly return all District supplies, equipment, records and other items in good, clean condition.
4. I understand that I am a representative of the District, and will conduct myself in a manner so as to present a positive image of the District to those who visit the facilities and preserve areas. This includes being courteous and helpful to

visitors, and following guidelines for appropriate dress. I understand that I am not authorized to enforce the rules and regulations of the District. I further understand that I am not to give interviews, submit press releases, or otherwise interact with the media without prior approval from the District.

5. I understand that there are certain risks for injury in any outdoor program or activity, and that the staff and volunteers of the Forest Preserve District of Kane County will make every reasonable effort to ensure the safety and health of each volunteer or participant. Beyond this, I will not hold the District or its staff responsible, and I agree to assume full risk for any injury.
6. I hereby give the District consent to, and shall hold the District and staff harmless for, obtaining and/or administering emergency treatment to me in the event that I am unable to obtain prompt emergency medical attention on my own behalf as a result of illness, accident, or allergic reaction. I understand that I am responsible for reporting any accidents to the Volunteer Coordinator or a District Police Officer, within 24 hours of the incident.

VOLUNTEER: _____ **DATE:** _____

DISTRICT STAFF: _____ **DATE:** _____

*****IF THE VOLUNTEER IS UNDER THE AGE OF 18,**
A PARENT OR LEGAL GUARDIAN MUST READ AND SIGN BELOW***

“By my signature I certify that I am the parent or legal guardian of this minor volunteer. I further certify that I have read, understood and consent to all stipulations of the above disclaimer and volunteer agreement, and hereby give my permission for the minor applicant to serve as a volunteer for the Forest Preserve District of Kane County.”

PARENT/GUARDIAN: _____

PRINT NAME: _____ **DATE:** _____