Macon County Conservation District
Volunteer Application

Macon County Conservation District
Volunteer Office, 3939 Nearing Lane, Decatur, IL 62521
217/423-7708 ● mccd@MaconCountyConservation.org
www.MaconCountyConservation.org

Please select one: I am ☐ a new applicant ☐ updating my application

(Please Print Clearly) Today's Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____ Birth Date: _____
(month/day/year)

Preferred method of communication: ☐ cell phone ☐ home phone ☐ email ☐ postal mail

When is the best time to reach you? _____

My Availability (We offer flexible schedules to accommodate our volunteers needs. Please mark all that apply)

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

☐ Morning ☐ Afternoon

☐ January ☐ February ☐ March ☐ April
☐ May ☐ June ☐ July ☐ August
☐ September ☐ October ☐ November ☐ December

☐ Once a week ☐ Every other week ☐ Once a month ☐ Special Events Only
☐ Willing to be a substitute ☐ Other _____

How did you find out about volunteering for the Macon County Conservation District?

☐ Newspaper ☐ Radio ☐ Word of Mouth
☐ MCCD Newsletter ☐ Television / Cable ☐ Social Media: _____
☐ MCCD Website ☐ Internet ☐ Other: _____

What can the Conservation District do for you?

☐ Looking forward to learning more ☐ Looking forward to interacting with others
☐ Looking forward to making a difference ☐ Looking to meet required service hours
☐ Looking to gain professional experience ☐ Other: _____

Type of Volunteering

Have you volunteered for the Conservation District before? ☐ Yes ☐ No

If yes, in what position or event were you involved? _____

Are you willing to volunteer ☐ indoors ☐ outdoors ☐ both

Below is a list of many of the programs and positions available in various District departments. Please mark any positions that are of interest to you. Training will be provided.

Rock Springs Nature Center

☐ Nature Center Greeter
☐ Library Attendant
☐ Cross Country Ski Renter
☐ Musician
☐ Gardener
☐ Exhibit/Display Assistant
☐ Newsletter Labeling

Conservation Support

☐ Trail Monitor
☐ Bluebird Monitor
☐ Native Gardener
☐ Natural Area Restoration
☐ Native Seed Collector

Educational Outreach

☐ Public Program Assistant
☐ School Program Assistant
☐ Hike Leader
☐ Educational Booth Assistant
☐ Canoeing Assistant
☐ Live Animal Assistant
☐ Fishing Assistant
☐ Summer Camp Volunteer

Other

☐ Special Events
☐ Special Projects
☐ Photography
☐ Scout Project
☐ _____

Historical Interpretation

☐ Historical Program Assistant
☐ Historic Sites Tour Guide
☐ Vintage Base Ball Player
☐ Heirloom Gardener
☐ Carpenter
☐ Seamstress/ Quilting

Will you be volunteering to fulfill a service requirement? ☐ Yes ☐ No

If yes, for what group/organization?

_____

Hours required _____

What can you do for the Conservation District? Please tell us about your relevant interests, skills, hobbies, experience or education (for example: teaching, public speaking, outdoor recreation, computers, land restoration, local history, sewing, art, crafts, ecology, gardening, birding, canoeing, fundraising, speak another language).

In Case of an Emergency, Please Notify:

1) Name _____ Relationship _____

Home Phone _____ Cell Phone _____

2) Name _____ Relationship _____

Home Phone _____ Cell Phone _____

WAVIER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

I understand and agree that in signing up and volunteering for Macon County Conservation District, I recognize and acknowledge that there are certain risks of physical injury to volunteers, 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 that I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in volunteer services at Macon County Conservation District, including its officials, agents, volunteers and employees.

Macon County Conservation District has my permission to

Use photographs taken during programs and events for marketing and educational purposes.

☐ Yes ☐ No

Run a criminal history records check on me*.

☐ Yes ☐ No

**Ages 18 and older. Background check paperwork will be sent after application is received.*

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the privilege to volunteer for the Macon County Conservation District. 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.

Signature: _____ Today's 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 grant permission for my child/ward to be photographed for publication (☐ Yes ☐ No). I further certify that I have read, understand and consent to the above terms and conditions, a waiver and release of all claims and assumption of risk, and hereby give my permission for my child/ward to serve as a volunteer for the Macon County Conservation District.

Printed Name of Parent/Guardian: _____

Relationship to Minor: _____

Address: _____

Home Phone:_____ Cell Phone: _____ Work Phone: _____

Parent/Guardian Signature: _____ Today's Date _____

Thank you for your interest in volunteering! A staff member will contact you within seven business day of receiving your volunteer application.

Please submit completed volunteer applications to:
Macon County Conservation District, 3939 Nearing Lane, Decatur, IL 62521
mccd@MaconCountyConservation.org

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