



# Volunteer Application

Volunteer Office  
3939 Nearing Lane, Decatur, IL 62521  
217-542-5536 JGarver@MaconCCD.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

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Morning  Afternoon

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

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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

- Acoustic Jam Session
- Hummingbird Care
- Nature Center Greeter
- Nature Center Librarian
- Photography
- Special Projects

### Conservation Support

- Invasive Plant Removal Crew
- Native Garden Crew
- Nest Box Monitor
- Prescribed Fire Crew
- Roots & Shoots Crew
- Seed Collection
- Seed Scattering
- Trail Monitor
- Volunteer Steward
- Wildlife Monitor

### Educational Outreach

- Astronomy Program Helper
- Canoeing Assistant
- Community Outreach
- Fishing Assistant
- Summer Camp Helper
- Volunteer Naturalist

### History & Cultural Heritage

- Archaeology
- Carpenter
- Dulcimer Club
- Heirloom Gardener
- Historic Sites Tour Guide
- Historic Textile Art
- Vintage Base Ball Player
- Woodshop Docent

### Seasonal & Special Events

- Concession Stand
- Cross Country Ski Rental
- Foundation Events
- Special Events
- \_\_\_\_\_

### Academic Research Projects

- Scientific & Historical Research

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 \_\_\_\_\_

## **ELIGIBILITY & SCREENING**

Have you ever been convicted as, or found to be, a child sex offender?

Yes       No

## **PERMISSIONS & AUTHORIZATIONS**

I give permission to the Macon County Conservation District to use photographs taken during programs and events for marketing and educational purposes.

Yes       No

I authorize the Macon County Conservation District to run a criminal history records check on me.\*

Yes       No

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

## **VOLUNTEER WAIVER & RELEASE**

### **Important Information**

The Macon County Conservation District is committed to conducting its programs and activities in a safe manner and holds the safety of volunteers in high regard. The Macon County Conservation District 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 Macon County Conservation District 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 the Macon County Conservation District 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 Macon County Conservation District, including its officers, officials, agents, volunteers, and employees (hereinafter collectively referred to 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.

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.

**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 online, my online signature shall substitute for and have the same legal effect as an original form signature.**

Volunteer's Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer's Signature (18 years or older or Parent/Guardian): \_\_\_\_\_

**PARTICIPATION WILL BE DENIED**  
**If the signature of adult volunteer or parent/guardian and date are not on this waiver.**

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

By signing below, I certify that I am the parent or legal guardian of the minor listed on this application. I have read, understand, and agree to the above terms and conditions, including the waiver and release of all claims and assumption of risk, and I give permission for my child/ward to participate as a volunteer with the Macon County Conservation District.

I also grant permission for my child/ward to be photographed for marketing and educational purposes:

Yes       No

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, Volunteer Office  
3939 Nearing Lane, Decatur, IL 62521  
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