



VOLUNTEER DAY WAIVER

Forest Preserve Site Name: _____

In the capacity as a Forest Preserves of Cook County (the "Preserves") volunteer, I agree to the following statements:

VOLUNTEER ROLE: I am donating my time for this volunteer role and I understand that in this role, I am not an employee of the Preserves and I will not receive compensation for this donated time. I also understand that volunteering does not necessarily lead to employment. I understand some volunteer positions may require a reference check, background investigation, and/or a criminal history inquiry in order to volunteer.

VOLUNTEER DUTIES: I will follow all the rules and regulations of the Preserves and will follow all directions and instructions given to me by Preserves staff and/or certified volunteer leaders. All volunteer duties performed must take place with the permission of the Preserves. I will volunteer when personal health and physical conditions enable me to carry out the duties of my role.

LIMITATION OF EXTENT OF DUTIES: I am not authorized to enforce the rules and regulations of the Preserves but will notify Preserves staff when violations of rules and regulations are observed.

CONDUCT: I will conduct myself in a professional manner and present a positive image of the Preserves. This includes being respectful and helpful to other Preserves visitors, other volunteers and Preserves staff. I will refrain from using or possessing weapons, alcohol, or illegal substances while engaging in volunteer activities. I recognize that verbal or physical abuse, failure to comply with equal opportunity and anti-discrimination laws, or committing criminal acts is not tolerated and are grounds for dismissal.

MEDIA CONTACT: In my role as a volunteer, I understand that I do not represent the Preserves in an official capacity and will not write or speak to the media on the behalf of the Preserves.

LEADERSHIP: I will comply with the necessary training, documentation, and certification requirements of the volunteer program.

CONFIDENTIALITY: I am responsible for maintaining the confidentiality of all proprietary or privileged information to which I am exposed while serving as a volunteer. As a volunteer, I shall not engage in any political activities while representing the Preserves. I will not use my volunteer involvement to solicit contributions or any other support for partisan political activities.

VOLUNTEER AT WILL: I understand that my participation in this volunteer program is subject to the above statements and to all codes of conduct of the Preserves. Failure to follow directions and instructions, performing duties outside of the volunteer role or violation of any of the rules, regulations, policies, or codes of conduct can result in discipline or immediate dismissal from the program.

LIABILITY WAIVER: I understand that there are certain risks of injury in any position, particularly in outdoor programs or activities. I will make reasonable efforts to ensure my own safety and the safety of other Preserves visitors, other volunteers and Preserves staff. Any damage or injury to third parties due to my own acts is my responsibility and liability insurance for such damages or injuries is my own responsibility. This includes transportation and travel to and from the Preserves. The undersigned releases and discharges the Forest Preserves of Cook County and its Commissioners, officers, employees, and other volunteers from any claims which I may have against them arising in connection with this volunteer position.

PHOTO RELEASE: _____ Yes _____ No (check one)

I hereby grant and convey to the Preserves all rights, title and interest in any and all photographic images and video or audio recordings made by or on behalf of the Preserves during my volunteer work for the Preserves, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I further agree that the Preserves may photograph and/or videotape me while I am engaged in volunteer work at the Preserves and that the Preserves retain the rights to use these visual images and recordings in any manner without compensation to or prior authorization by me.

I have read and agree to the Volunteer Agreement and Waiver: _____/_____/_____
Date

Signature Printed Name

If under 18, signature is required to participate in volunteer activities at above site from:

_____/_____/_____ to ____/____/____ (Waiver can be valid for up to one year from signed date)
Date Date

Signature of Parent or Legal Guardian Printed name of Parent or Legal Guardian

Emergency Contact Name/s – Phone Number/s: _____
Required if under 18 years of age

Return this form to Volunteer Resources