



Urbana Park District

APPLICATION FOR VOLUNTEER SERVICE

Today's Date _____

Name _____ DOB _____

Local Address _____

Zip Code

Permanent Address _____

Zip Code

Phone _____ / _____ Best time to call _____

Day

Evening

Email Address _____

In case of an Emergency _____

Name

Phone

I am interested in volunteering for the Urbana Park District because

My educational background is

My work and/or volunteer experience include

I have the following skills, interests, talents or hobbies that may be useful while volunteering

I am interested in helping with the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Natural areas management | <input type="checkbox"/> Environmental Programs |
| <input type="checkbox"/> Exhibits, graphic design | <input type="checkbox"/> Gardening/Landscape design | <input type="checkbox"/> Community Programs |
| <input type="checkbox"/> Marketing /Publicity | <input type="checkbox"/> Cataloguing/Inventory | <input type="checkbox"/> Sports Programs |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Photography/Video | <input type="checkbox"/> Other (please specify) |

(over)

Volunteer Availability

I am available... Whenever is needed, I have lots of time. Once a week Once in a while I'm not sure, please contact me

Best days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Best time of day: Morning Afternoon Evening

Length of volunteering commitment: Long term Short term

LIABILITY WAIVER

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver of Liability: In consideration of being permitted to participate as a volunteer for the Urbana Park District, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Urbana Park District, its officers, employees, agents and assigns from liability for any and all claims, including those which result in personal injury, accidents, or illnesses (including death), and property loss arising from, but not limited to, participation as a volunteer for the Urbana Park District.

Assumption of Risks: I acknowledge that participation as a volunteer carries certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I acknowledge that the specific risks vary from one activity to another, and include but are not limited to minor injuries such as scratches, bruises, cuts and sprains and major injuries such as eye injury, loss of sight, joint or back injuries and broken bones and that any activities in the water include the possibility of drowning.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in participation. I hereby assert that my participation is voluntary and that I knowingly assume all risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD HARMLESS the Urbana Park District from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement as a volunteer and to reimburse it for any such expenses incurred.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature for this form to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Have you ever been convicted of or found to be a child sex offender? Yes No

Signature _____ Date: _____

By signing here, you indicate that you have read and agree to the waiver. You must sign to participate.

Signature of Parent of Minor _____ Date: _____

Required for volunteers under 18 years of age.

Criminal Background Check Consent & Release



Urbana Park District
303 W University Ave
Urbana, IL 61801
Phone: 217-367-1536
www.urbanaparks.org

I understand that a criminal background check and results acceptable to the Park District is a condition of employment or volunteering with the Urbana Park District. The Urbana Park District is required to comply with Illinois state statute 70 ILCS 1205/8-23 when performing criminal background investigations.

I consent to the Urbana Park District obtaining my criminal conviction history from the Illinois State Police and/or FBI.

I understand that I will be provided a copy of the criminal background check if any convictions are reported, and that it is my duty under the law to notify the Urbana Park District Administration Office within 7 working days if the information is inaccurate or incomplete.

I hereby fully release and discharge the Urbana Park District, its officers, agents and employees, from any and all claims for damages which may arise from participating in or as a result of the criminal background check. I have fully read and understand this release form.

This form will be kept on file by the Urbana Park District for a minimum of 2 years, pursuant to 20 ILCS 2635/7.

Signature of Consent & Release

Date

Supervisor Name

Department

Information: PLEASE PRINT LEGIBLY

Last Name First Name Middle Name Suffix

Date of Birth ____/____/____ (MM/DD/YYYY)

Race _____

Valid Codes for Race:

Asian/Pacific Islands.....A
BlackB
American Indian/Alaskan.....I
WhiteW
Unknown.....U

Sex _____

Valid Codes for Sex:

FemaleF
MaleM