



# Forest Preserve District of DuPage County

35580 Naperville Rd. • Wheaton, IL 60189  
Mailing Address P.O. Box 5000 • Wheaton, IL 60189  
630-933-7233 • TTY 800-526-0857  
dupageforest.org • Email volunteer@dupageforest.org

## Volunteer Application

### Volunteer Position Descriptions

Descriptions, which include the essential functions of each position, application deadlines and minimum age requirements, are available online at dupageforest.org and through the Volunteer Services office at 630-933-7233.

### Instructions

You must complete all sections of this application. Print, complete and sign the form and then mail or deliver it to the Volunteer Services office. The Forest Preserve District requires **original signed applications, so you cannot submit applications electronically.**

### Personal Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Email \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Age     Under 13     13     14 – 15     16 – 17     18 and up

**Criminal background checks are required for volunteers 16 and older.  
Acceptance into the volunteer program is subject to satisfactory results of the criminal background check.**

Have you volunteered with us before?     Yes     No

If yes, for which program? \_\_\_\_\_

### Positions Applied For

Program \_\_\_\_\_ Volunteer Position \_\_\_\_\_

Program \_\_\_\_\_ Volunteer Position \_\_\_\_\_

Program \_\_\_\_\_ Volunteer Position \_\_\_\_\_

Program \_\_\_\_\_ Volunteer Position \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

## Education

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What is your highest grade completed? \_\_\_\_\_

Do you have a degree?  Yes  No      If yes, what was your area of study? \_\_\_\_\_

List any additional training, certifications, skills and knowledge that can assist you in a volunteer position.

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## Volunteer History and Information

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List your volunteer experience beginning with your present or most recent volunteer position.

### Organization Name

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City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Position Held \_\_\_\_\_ Volunteer From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Duties \_\_\_\_\_

### Organization Name

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City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Position Held \_\_\_\_\_ Volunteer From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Duties \_\_\_\_\_

Why are you interested in volunteering with the Forest Preserve District of DuPage County? \_\_\_\_\_

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What are some of your interests and hobbies? \_\_\_\_\_

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## Character References

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Please provide two character references. We will contact each reference via email, so you must provide an email address for both. **References cannot be family members or current Forest Preserve District employees, and you must have known each for at least one year.**

Reference 1 Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Email \_\_\_\_\_

Reference 2 Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Email \_\_\_\_\_



## General Provisions Agreement

I have agreed to volunteer some of my available time to assist the staff and the programs at the Forest Preserve District of DuPage County.

In consideration of the District accepting me as a volunteer and covering me with volunteer accident insurance coverage and in acknowledgement of the educational, professional and other experiences I will receive as a volunteer, I agree to the following:

1. I will read the material contained in the Volunteer Handbook and additional material provided by my volunteer program.
2. I will follow all District policies, rules, regulations, and program procedures for a safe volunteer experience.
3. I understand that as a volunteer **I am not an employee of the District**, that my involvement will not lead to employment status, and that I will not receive any compensation for my services.
4. I am not authorized to operate a District vehicle or other motorized equipment, nor am I authorized to operate any type of power equipment, including, but not limited to, power saws, chain saws, weed trimmers, lawn mowers, and snow blowers. (\*If my volunteer position requires it, I may be authorized to operate a District vehicle (golf cart, ATV, etc.) off road only on District property with proper training. The documentation identifying that I have completed proper training for the vehicle must be provided to the Volunteer Services Division prior to using the aforementioned vehicle off road only on District property.)
5. I understand that I am a volunteer representative of the District and must do my best to present a positive image of the Forest Preserve District to the community and to those who visit the facilities and preserves. This includes being courteous, positive, respectful, and helpful to visitors and staff, and appropriately wearing any required volunteer uniform or period dress.
6. I understand that the District can terminate my volunteer position at any time for any or no reason, with or without notice.
7. I understand that I must 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.
8. I understand that I am not authorized to enforce the rules, policies, regulations and program procedures of the District, and will refer any issues I encounter to the program liaison or supervisor.
9. I understand that liability insurance is my responsibility, but that I may be entitled to certain immunities under the provisions set forth in the Local Governmental and Governmental Employees Tort Immunity Act.

Applicant's Printed Name

Applicant's Signature

Date

**Note** If the applicant is under 18 years of age, a parent or the guardian of the applicant must sign this agreement on behalf of the applicant, agreeing to the terms and conditions of this Agreement. If applicable, a parent or guardian must sign below.

Parent or Legal Guardian's Printed Name

Parent or Legal Guardian's Signature

Date



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## Waiver and Assumption of Risk

I hereby fully waive and release the “Releasee” Forest Preserve District of DuPage County, from any and all claims for personal injury, monetary loss, property damage, or death that may result from my participation. I hereby voluntarily, at my own risk, agree to this Waiver and Assumption of Risk in sole consideration of being permitted to use the Forest Preserve District of DuPage County facilities/property or services offered.

I hereby acknowledge and understand that there are dangers and risks associated with the activities. I hereby agree to abide by all rules, instructions, policies and procedures imposed by the Releasee relating to the use of the facilities or property.

Agreement to this Waiver and Assumption of Risk, I fully assume the dangers and risks, and agree to use my best judgment while engaging in those activities. I further agree to indemnify and hold harmless the Releasee, its employees, agents, officers, from and against any and all liability incurred as a result of or in any manner related to my participation in the activities or services offered.

I shall defend, hold harmless and indemnify the District, its elected officials, officers, employees, agents and other volunteers, from and against all damages, claims, liabilities, causes of action, judgments, settlements, costs and expenses (including, but not limited to, reasonable expert witness and attorney fees) that may at any time arise or be claimed by any person, including minors who in my charge, or my responsibility, and who would be represented by a parent, next friend or guardian including myself, as a result of bodily injury, death or property damage, or as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with, directly or indirectly, my negligent or intentional acts or omissions in my participation in the programs held at The Forest Preserve District of DuPage County.

I hereby certify that I am competent to execute this Waiver and Assumption of Risk, that in doing so of my own free will and accord, voluntarily and without duress, and that I do so intending to bind myself, my executor, my heirs, and administrators or assigns to the fullest extent.

If you are completing this waiver relative to participating in an equine activity please be aware that under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

I have read and understood the foregoing, and acknowledge my consent to the terms of this Waiver & Assumption of Risk by this Waiver.

Program Name Volunteer Services Program with the Forest Preserve District of DuPage County

Location All Forest Preserve District of DuPage County forest preserves and education sites

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Participant’s Printed Name \_\_\_\_\_

Participant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian’s Printed Name \_\_\_\_\_

Parent or Legal Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_