



Vermilion County Conservation District Volunteer Application

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone: _____ Birthdate (optional): _____

Email: _____

1. List below a person of reference:

Name: _____

Address: _____

Phone: _____

2. Please check what volunteer opportunities you are interested in:

_____ Kennekuk County Park

_____ BHHA Building Host (at Neff Grocery Store, Print Shop, etc.)

_____ Secretarial (at Visitor Center)

_____ Kennekuk Environmental Education Center Building Host

_____ Trail Steward (pick up trash, report on conditions)

_____ Forest Glen

_____ Building Host at Pioneer Cabin or Nature Center

_____ Secretarial (at Visitor Center)

_____ Trail Steward (pick up trash, report on conditions)

_____ Heron County Park

_____ Boardwalk and Trail Steward (pick up trash, report on conditions)

_____ Kickapoo Rail Trail

_____ Special Events (Maple Syrup Open House, Haunted Happenings, etc. Varies with calendar)

_____ Land Management (Doris Westfall Prairie, Arboretum, Invasive Species Removal, etc.)

_____ Other (please indicate) _____

3. Do you have any special skills or hobbies you would like to use as a VCCD Volunteer?

4. Preferred to Volunteer:

_____ SUN _____ MON _____ TUE _____ WED _____ THU _____ FRI _____ SAT

(Continued on Back)

5. Education Experience:

_____ High School _____ College

Area of Expertise: _____

6. Health Information:

Physical Limitations: _____ Yes _____ No

Other Limitations: _____ Yes _____ No

If so, please explain: _____

7. Is there any other information you feel is important for us to know?

8. In case of an emergency, please notify:

Name/Relationship	Phone

I have received and read the volunteer job description pertaining to my interest as a VCCD Volunteer. I will try to fulfill all responsibilities to the best of my ability. I agree to notify the volunteer coordinator of any situation which may limit my activity as a volunteer.

I understand and agree that the VCCD is not responsible for any injury or property damage arising out of the volunteer activities. I also agree to indemnify and hold harmless the VCCD for all claims arising out of my participation in the volunteer activities.

For Volunteers working with children at Special Events, Educational Programs, Events, etc.: I authorize the VCCD the right to obtain certain criminal information in order to determine my eligibility to participate at events and programs and I certify that I have not been convicted of a child sex offense.

Volunteer Signature

Date

VCCD Staff Signature

Date

<p>Please return the completed application form to: Lara Danzl, VCCD Volunteer Coordinator 22296 Henning Road Danville, IL 61834 ldanzl@vccd.org</p>
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