

**Champaign County Forest Preserve District
Summer Day Camp Counselor-in-Training Application 2008**

Date _____

Name _____

Address _____

Phone Number _____

Date of Birth _____ Age as of June 1, 2008 _____

School currently attending _____ Current year in school _____

Have you been a day camp volunteer before? Yes No

Days available: *(mark all that apply)*

Mon Tues Wed Thurs Fri Sat Sun

Preferred location(s): *(mark all that apply)*

Lake of the Woods Forest Preserve River Bend Forest Preserve
 Homer Lake Forest Preserve Middle Fork River Forest Preserve

Which program(s) do you want to volunteer for: *(mark all that apply)*

Environmental Education (Eco-Adventures) Historical Education (Grand Prairie Kids)
 Horticultural Education (Garden Adventures) Golf Course (Junior Golf Lessons)

List academic honors, awards, activities or volunteer experiences. (scouts, 4-H, music, honor roll, student council, sports, etc.)

What are your hobbies and interests? Do you have any specific skills? (arts & crafts, camping, baby-sitting, sports, computers, reading, etc.)

Do you have any licenses or certifications? (CPR, First Aid, etc.)

Type of license or certification *Year Received* *Expiration Date*

(OVER)

Champaign County Forest Preserve District **Volunteer Waiver and Release**

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

Photo and Model Consent Release

I hereby give CCFPD and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use photographic reproductions or likenesses of me and/or my name. This authorization and release covers the use of said material in any published form, and any medium of advertising, publicity or trade. Furthermore, I, for myself, my heirs, executors, administrators or assigns, assign and transfer to the organization all rights, title, and interests in and to all reproductions taken of me by representatives of CCFPD. The agreement fully represents all terms and considerations, and no other inducements, statements or promises have been made to me.

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 on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Volunteer's Name _____ E-Mail _____

Address _____

City/State/Zip _____ Phone _____

Volunteer's Signature _____ Date _____

Guardian's Signature if Volunteer is a Minor _____

Participation will be denied if the signature of the volunteer and date are not on this waiver.