



Macon County Conservation District Volunteer Application & Interest Survey

Macon County Conservation District
 Volunteer Office, 3939 Nearing Lane, Decatur, IL 62521
 217/423-7708 • Fax: 217/423-2837
 mccd@maconcountyconservation.org • www.maconcountyconservation.org

Please select one: I am a new applicant a previous applicant updating my application

(Please Print) Today's Date: _____

Name (first, middle initial, last): _____

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Birth Date: _____
(please print clearly) (month/day)

I am age 17 or younger Birth Year _____ Student Grade Level _____

Preferred method of communication (please circle): cell home work email

When is the best time to reach you? _____

Time Commitment (We offer flexible schedules to accommodate our volunteers needs)

Once a week Once a month Every other week Special Events Only

Willing to work as a substitute Other _____

Availability (Please mark your preferences for volunteering)

no preference, any day will work no preference, any month will work

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April
<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> August
<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

How did you find out about volunteering for the Macon County Conservation District?

Type of Volunteering

Have you previously volunteered for the Conservation District? Yes No

If so, in what position or event were you involved? _____

Are you willing to work indoors outdoors both

Below is a list of many of the programs and positions available in various District departments. Please check any positions that are of special interest to you. If you want to know more about a specific position, the Volunteer Coordinator can describe programs and provide a general orientation to the Conservation District.

Rock Springs Nature Center

- Nature Center Greeter
- Library Attendant
- Cross Country Ski Renter
- Musical Outreach
- Gardener
- Exhibit/Display Assistant
- Newsletter Folding

Historical Interpretation

- Historic Sites Tour Guide
- Homestead Prairie Farm
- Bethel School
- Governor Oglesby Mansion
- Vintage Base Ball Player
- Heirloom Gardener
- Carpenter
- Seamstress

Conservation Support

- Trail Monitors
- Bluebird Monitors
- Natural Area Restoration
- Native Seed Collector
- Master Naturalist

Educational Outreach

- Public Program Assistant
- School Program Assistant
- Hike Leader
- Educational Booth Assistant
- Canoeing Assistant
- Live Animal Assistant

Youth Volunteers

- Summer Camp Youth Leader
- Historical Program Assistant
- Environmental Program Assistant
- Scout Project

Other

- Special Events
- Special Projects
- Photography
- _____
- _____

Will you be volunteering to fulfill a service requirement? Yes No

If yes, for what group/organization? _____ Hours required _____

What can you do for the Conservation District? Please tell us about your relevant interests, skills, hobbies, experience or education (for example: teaching, public speaking, outdoor recreation, computers, land restoration, local history, sewing, art, crafts, ecology, gardening, birding, canoeing, fundraising).

What can the Conservation District do for you? What do you hope to gain from your volunteer experience?

MCCD USE ONLY

Received _____ Contacted _____ CBC _____ Other _____

Location _____ Position(s) _____ Start Date _____



Macon County Conservation District Volunteer Agreement & Release Form

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Please select one: I am a new applicant updating my application

(Please Print)

Today's Date: _____

Volunteer Name (first, middle initial, last): _____

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Health Considerations

Physical Limitations: Yes No

Other Limitations: Yes No

If so, please explain: _____

Please list any medications we should be aware of: _____

In Case of an Emergency, Please Notify:

1) Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

2) Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

References: Please list two personal references

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

WAVIER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

I understand and agree that in signing up and volunteering for Macon County Conservation District, I recognize and acknowledge that there are certain risks of physical injury to volunteers, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I or my minor child/ward may sustain as a result of my volunteer services. I further agree to waive and relinquish all claims that I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in volunteer services at Macon County Conservation District, including its officials, agents, volunteers and employees.

Macon County Conservation District has my permission to

Run a criminal history records check on me*. Yes No

** Ages 18 and older.*

** Background check paperwork will be sent after application is received.*

The Macon County Conservation District uses photographs taken during programs and events for marketing and educational purposes. By signing below, I grant permission to be photographed for publication.*

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the privilege to volunteer for the Macon County Conservation District. I have read and fully understand and agree to the above terms and conditions, and waiver and release of all claims and assumption of risk.

Signature: _____ Today's Date _____

* I prefer to opt out of granting permission for photographic release. Signature _____

**IF THE VOLUNTEER IS UNDER THE AGE OF 18,
A PARENT OR LEGAL GUARDIAN MUST READ AND SIGN BELOW**

By my signature I certify that I am the parent or legal guardian of this minor volunteer.

I grant permission for my child/ward to be photographed for publication.* I further certify that I have read, understand and consent to the above terms and conditions, a waiver and release of all claims and assumption of risk, and hereby give my permission for my child/ward to serve as a volunteer for the Macon County Conservation District.

Printed Name of Parent/Guardian: _____

Relationship to Minor: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian Signature: _____ Today's Date _____

* I prefer to opt out of granting permission for photographic release of my child/ward. Signature _____