

Thorn Creek Nature Center Volunteer Application 8/2023 Today's Date: _____

Please return to: *Thorn Creek Nature Center, 247 Monee Rd, Park Forest, IL 60466* or drop it off during *Open Hours*.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell: _____

Work Phone: _____

Occupation: _____ Best Way to Reach You: ___email ___phone ___text

Have you ever volunteered before? _____

What did you do? _____

Do you have any special training or talents you would be willing to share with us?

Please check days & times you are available to help us:

	Friday	Saturday	Sunday	Other Weekdays
Morning (9 a.m.-12 p.m.)				
Afternoon (12 p.m.-4 p.m.)				
Evening				

Please take a moment to check the areas you would like to volunteer in:

_____ **Open Hours:** Includes covering hours when nature center is open to the public (Friday, 12-4 p.m.) including opening & closing the building, greeting & recording visitors, answering the phone, miscellaneous office duties.

_____ **Office Skills:** Includes folding and labeling brochures, typing, computer work (such as entering databases).
 _____ Take pictures at our programs
 _____ Deliver program brochures and flyers.

_____ **Trailwork:** Includes trail maintenance such as trimming branches, repairing boardwalks, installing/maintaining water bars, building boardwalks and benches, garlic mustard removal, etc. Individuals, small work groups or on scheduled Workdays.

_____ **Trail Watching:** walk the trails on a regular basis and report any problems, like downed trees, vandalism, or the like so that repairs can be made as soon as possible. Make nature observations & sightings.

_____ **Prairie Sampler & Butterfly Garden:** weeding and planting. Individuals, small work groups or on scheduled Workdays.

_____ **Baking:** Making baked goods or soups for refreshments & bake sales at our programs.

_____ **Nature Center Cleaning Tasks:** vacuuming & mopping floors, dusting, other cleaning & organizing tasks.

_____ **Programs Assistants:** Assist our naturalists with our program and hikes for adults and children.

_____ I can help prepare materials and set up for programs. h

_____ I can help direct parking for programs. h

_____ I can assist at programs checking in attendees, managing refreshments and materials, etc. h

_____ I can assist on hikes, managing the groups and hiking at the end of group as safety person. c

_____ Daytime hikes? _____ Nighttime hikes?

_____ I can co-lead a program or a hike. c

_____ I can staff a Nature Center information table at an off-site event. t



Thorn Creek Woods NATURE PRESERVE

WAIVER & RELEASE IMPORTANT INFORMATION

The (Thorn Creek Woods Management Commission) is committed to conducting its programs and activities in a safe manner and holds the safety of participants in high regard. The (TCWMC) continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety and read and understand safety protocol prior to start of activity. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in activities.

You are solely responsible for determining if you or your minor child/ward is physical fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant 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

Workdays and activities may challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head/brain injury, cervical spine injury (including quadriplegia) and death. Understandably, not all hazards and dangers can be foreseen. Because work days put a great demand on stamina, the very nature of the work days and activities may be hazardous and risky. Such risks and dangers include but are not limited to the acts of over exertion due to over-lifting and cold it must be recognized that it is impossible for the (TCWMC) to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this workday/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this workday/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in workdays or activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with this workday/activity. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this workday/activity against the (TCWMC), including its member agencies, volunteers and employees (hereinafter collectively referred to as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this workday/activity.

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

PLEASE PRINT

All Participant (s) Name (s) and Address

Date _____

Please Print

Participant
or Guardian Signature

(18 years or older or Parent/Guardian)

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.