

ILLINOIS DEPARTMENT OF NATURAL RESOURCES
Office of Resource Conservation, Division of Natural Heritage/INPC
VOLUNTEER JOB DESCRIPTION/WAIVER

Volunteer Job Description

JOB TITLE: Volunteer Biologist Associate **Region # 4 (Heritage Central Region)**
Assigned Natural Area New Salem State Historic Site **County** Menard
Volunteer Name: _____
Name of Group (attach Roster): Menard County Trails and Greenways

Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Email address: (important) _____
Phone: (h) _____ **(c)** _____

OBJECTIVE - To supplement the Division of Natural Heritage or the Illinois Nature Preserves Commission (INPC) staff in the stewardship of state owned or managed natural areas and Nature Preserves by performing management activities as prescribed by the Natural Heritage Biologist (NHB), or the Natural Areas Preservation Specialist (NAPS).

RESPONSIBILITIES TO BE PERFORMED BY VOLUNTEER - Supervision may only be directed by the NHB or NAPS or by The Nature Conservancy Steward under the direction of the NHB or NAPS. Tasks may include cutting brush, trail renovations, litter & trash cleanup, rare species monitoring, educational activities, prescribed burns, fence repair, and data processing. Volunteer will be expected to adhere to all park rules and regulations. In the course of volunteer services, volunteers may possibly ride in and/or operate state or private vehicles.

PREFERRED QUALIFICATIONS - Volunteer should have an appreciation for natural areas and endangered & threatened species, be able to work outdoors under varying environmental conditions, be willing to work as a "team" member with Department personnel.

- If herbicide work is to be done, the volunteer may be required to possess an Illinois Pesticide Operator's License or Certification.
- In order to operate power tools, volunteer must be 21 years of age and sign a Volunteer Job Description form.

TRAINING AND PREPARATION - Orientation to the site and to the above volunteer responsibilities will be provided. Specific training will occur for the above responsibilities and for any additional activities that may arise during volunteer activities at the site as determined by the Volunteer Supervisor. Depending on Volunteer interests, some research on the site may be necessary.

FREQUENCY OF SERVICE - As available and needed throughout the year.

BENEFITS PROVIDED BY THE DEPARTMENT OF NATURAL RESOURCES - Opportunity to enjoy the outdoors while actively contributing to the preservation of Illinois' natural heritage; develop new skills and learn more about Illinois' natural heritage; use of Department staff for job references based on performance; and personal liability insurance for volunteer work performed, if all forms are signed.

NOTE - Volunteer services may be terminated if the volunteer fails to perform job duties at an acceptable level or fails to comply with Department rules, regulation, policies, and procedures.

Waiver and Release of Liability

The Volunteer does hereby agree to perform volunteer work for the ILLINOIS DEPARTMENT OF NATURAL RESOURCES (Department) as a Volunteer Biologist Associate and does hereby waive all manner of action or actions, causes of action, damage, claims or demands, holding the State of Illinois, the Department, their agents or employees harmless from any and all claims, demands and liabilities on account of any injuries, losses, or damages to his/her person or property which might be caused, or may at any time arise, by reason of his/her orientation, training, duties or temporary assignment for any purpose whether or not under the supervision of agents or employees of the Department.

This WAIVER AND RELEASE OF LIABILITY is freely given with full knowledge and intention to absolve completely, absolutely and finally, the State of Illinois, the Department and its agents and employees from any claim of loss, injury or liability resulting or arising from work as a Volunteer Biologist Associate.

I certify that I am _____ years of age, having read and understand all of the above, do hereby understand the risks involved, and agree that this waiver and release shall be binding upon my heirs, executors, administrators, and assignors, and by affixing my signature below, agree to all preceding provisions. This agreement shall be in effect from this day forth, until revoked in writing or until the volunteer status is rescinded.

I certify that I have read and understand the above terms and provisions

Signature of Volunteer _____ **Date** _____
Parent/Guardian signature is required if under 18 years of age:
Parent/Guardian signature _____ Date _____
Printed Name of Parent/Guardian _____ Relationship _____

IL DEPARTMENT OF NATURAL RESOURCES
IDNR Volunteer Supervisor signature _____ **Date** _____
Printed Name _____ **Title** _____