



Palatine Township Volunteering for Programs



Without volunteers, it would be impossible for Palatine Township to continue to offer the many programs that the Township community depends on. Through our Outreach programs and our Food Pantry, volunteers allow us to provide much needed assistance to those who are less fortunate. We can never thank you enough and we appreciate your interest in helping the families of Palatine Township.

In order to participate, volunteers must complete a two-part process. First, a Volunteer Application must be completed and submitted along with a signed confidentiality statement. Secondly, volunteers must be willing to submit to background check that will be completed Praesidium. (An email will be sent with instructions for additional information.) Volunteers need to have completed background checks at least every three years.

The Volunteer Application can be completed at Palatine Township and requires your signature. (Current volunteers are also required to complete this background check in order to continue volunteering at the Township.) This process and policy allow the Township to continue operating our programs with the support of our many dedicated and kindhearted volunteers. Thank you for your understanding.

If you have any questions about this Volunteer Policy, please contact Administrator Anna Chychula at 847-358-6700. We appreciate your understanding. With your help, we will be able to continue to fulfill our motto of "People Helping People".

Many thanks,

Andy-John G. Kalkounos
Palatine Township Supervisor



Palatine Township Volunteer Application



Name _____ Gender: Female Male

Address _____ City _____ State _____ Zip Code: _____

Home Phone: (____) _____ Cell: (____) _____

E-mail Address: _____

Occupation and employer (If retired, list previous employer):

May we contact you at work? Yes No Work Phone _____

Education: High School College Graduate School

Are you multi-lingual? What languages do you speak? _____

Can you lift 35 pounds? Yes No

Can you stand for extended periods of time? Yes No

Do you currently volunteer, or have you in the past, with Palatine Township? Yes No

If not, how did you hear about Palatine Township? _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

To volunteer with the Township, you must:

- Provide a copy of your Driver's License or State ID
- Pass a background check (your social security number will be required)

VOLUNTEER AGREEMENT:

I certify the above information is correct. I understand that misrepresentation may result in the forfeiture of the volunteer position. As a volunteer, I understand that I represent the Palatine Township and agree to act in a manner that is professional and responsible. I will not repeat confidential information I may learn as a volunteer and I will inform my staff supervisor immediately of any issues or concerns that arise during my volunteer work. I will accept constructive feedback on my performance and participate in any training that is required for my volunteer position.

Your application will be reviewed, and you will be contacted if you have been approved.

Signature: _____ Date: _____

Office Use Only: Date Received: _____ **Date of Background Check:** _____

Date of Review: _____ **Volunteer Approval:** Yes No

Volunteer Position: General Volunteer Food Pantry Volunteer Outreach Volunteer



Palatine Township Waiver and Release of All Claims Form

Dear Prospective Volunteer:

All new volunteers are subject to a criminal background investigation as a condition of volunteer work. The background investigation will be conducted prior to volunteering work. This procedure checks volunteers for criminal convictions relating to inappropriate behavior, and **will require you to provide your social security number.**

Below is a release form giving your consent to Palatine Township to begin a criminal background investigation. Please sign this consent form and return it to Palatine Township administration office.

Please read this release carefully and be aware that by agreeing to allow Palatine Township to investigate your criminal background, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

I understand that a successful criminal background check is a condition of my volunteerism with Palatine Township.

I agree to waive and relinquish all claims I may have against Palatine Township and its officers, agents, servants, and employees as a result of participating in the criminal background check.

I do hereby fully release and discharge Palatine Township, its respective officers, agents, servants, and employees from any and all claims from damages which I may have or which may accrue to me on account of the results of any aspect of the criminal background check.

I have read and fully understand this Waiver and Release of All Claims form.

Print Name: _____

Address: _____

Signature

Date



Palatine Township

Volunteer Release, Waiver, and Hold Harmless Agreement

In consideration for the opportunity to serve as a volunteer in Palatine Township, I voluntarily agree to the following terms:

1. Assumption of Risk. I understand that my service as a volunteer could create risk to my health and/or safety. I understand and acknowledge that my service as a volunteer is purely voluntary, and that I may decline any volunteer role or position at any time. I can decline to serve as a volunteer or to engage in volunteer duties if I feel the role or duties presents a risk to my health or safety or for any other reason. I agree to advise Palatine Township of any conditions that would preclude me from serving as a volunteer.

I hereby expressly assume all risks and dangers involved with or which may arise out of my service as a volunteer, including, but not limited to, the foreseen or unforeseen risks involved with the volunteer work, the negligent and/or willful and wanton acts of others, the criminal and or intentional acts of others, including, but not limited to, abuse of any kind, property loss, property damage, bodily injury, and personal injury, including, but not limited to, death, disease, illness, infection, paralysis, broken bones, strains, sprains, cuts, abrasions, bruises, drowning, concussion, heart attack, heat exhaustion, heat stroke, hypothermia, dehydration, allergic reactions, or mental anguish. I further expressly assume all risks and dangers that may arise out of my service as a volunteer resulting from the omission of an act of another, a defect or condition of premises, a defect in any vehicle used for transport, the unavailability of medical and/or emergency care, including, but not limited to, medicine, automated external defibrillators or other resuscitation equipment, treatment, or procedures of any kind, political unrest, insurrection, terrorist activity, war, and/or natural disasters.

2. Release of Liability. I, for myself, and for my legal representatives, spouse, heirs, and assigns, hereby release and forever discharge Palatine Township and its respective officers, elected officials, trustees, directors, employees, servants, volunteers, agents, insurers, self-insurers, risk pooling trusts, successors, and assigns (hereinafter, collectively, the "Released Parties") from and against any and all liability, including, but not limited to, all claims, causes of action, damages, losses, costs, and/or expenses, including attorneys' fees and court costs, arising out of or in any way related to my service as a volunteer, whether or not caused by the negligence or other fault of the Released Parties or any of them. This release applies, without limitation, to liability for bodily injury, personal injury, disease, illness, infection, death, property loss, and/or property damage.

3. Waiver of Claims. I hereby waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance, cause, and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing this Release, Waiver, and Hold Harmless Agreement. This means, in part, that I am releasing unknown future claims for myself.

4. Indemnification & Hold Harmless. I agree to indemnify, defend, save, and hold harmless the Released Parties and any of them from and against any and all claims, demands, liabilities, actions, causes of action, judgments, awards, settlements, damages, losses, obligations, penalties, fines,

interest, costs, and/or expenses, including attorneys' fees and court costs, arising out of or in any way related to my service as a volunteer, including, but not limited to, those based on bodily injury, personal injury, disease, illness, infection, death, property loss, or property damage, whether or not caused by the negligence or fault of the Released Parties.

5. **Unpaid Volunteer Status.** I understand that I am not an employee of Palatine Township and that my service as a volunteer is on an *unpaid* basis. I understand that I will receive no pay, benefits, or other privileges of employment of any kind for any services I provide. I further understand that, except as otherwise agreed by Palatine Township in writing, the Released Parties do not assume any responsibility for or obligation to provide or maintain any other financial assistance or benefits to me, including, but not limited to, health, medical, disability, workers' compensation, or other insurance coverage. I understand that my own insurance will be used as coverage for any illnesses and injuries, and that I am ultimately responsible for all costs incurred.

6. **Cooperation & Compliance.** I agree to respect the rights, property, and confidentiality of, and cooperate with, Palatine Township and its officials, officers, directors, agents, employees, volunteers, contractors, subcontractors, assignees, invitees, guests, patrons, customers, clients, and attendees, and to adhere to the rules and/or instructions of my volunteer assignment(s).

7. **Miscellaneous.** I expressly agree that this Release, Waiver, and Hold Harmless Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Illinois, and that this Release, Waiver, and Hold Harmless Agreement shall be governed by and interpreted in accordance with the laws of the State of Illinois. If any provision of this Release, Waiver, and Hold Harmless Agreement is prohibited, invalidated, or unenforceable in any jurisdiction, that provision will, as to that jurisdiction, be ineffective to the extent of the prohibition, invalidity, or unenforceability without invalidating the remaining provisions of this Release, Waiver, and Hold Harmless Agreement or affecting the validity or enforceability of that provision in any other jurisdiction, unless it materially alters the nature or material terms of this Release, Waiver, and Hold Harmless Agreement.

I HAVE READ AND UNDERSTAND THIS RELEASE, WAIVER, AND HOLD HARMLESS AGREEMENT AND REALIZE IT RELATES TO SURRENDERING AND RELEASING VALUABLE LEGAL RIGHTS AND DO SO FREELY AND VOLUNTARILY. I UNDERSTAND THAT I AM ENTERING INTO THIS AGREEMENT FOR MYSELF AND MY HEIRS, ASSIGNS, AND LEGAL REPRESENTATIVES. I UNDERSTAND THAT MY SERVICE AS A VOLUNTEER IS VOLUNTARY.

PRINTED NAME OF VOLUNTEER: _____

SIGNATURE: _____ DATE: _____