



COUNTY OF McHENRY
2200 NORTH SEMINARY AVENUE
WOODSTOCK ILLINOIS 60098

VOLUNTEER CONSENT FORM

The purpose of this Consent Form is to memorialize the acknowledgement by the volunteer of the authorized scope and restrictions of his or her volunteer opportunity. This Consent Form shall apply to persons volunteering solely for personal, civil, charitable, educational or humanitarian purposes without promise or expectation of compensation, benefits or future employment from the County.

As a requirement of the volunteer opportunity afforded to me by the County of McHenry, I understand and consent to the following terms:

- I am not to appear for volunteer service under the influence of any drugs or alcohol. I agree to inform the supervisor at the beginning of the shift if I am taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.
- I agree NOT to go beyond the scope of volunteer work agreed to without authorization from the appropriate Department Director.
- I will learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
- I consent to the County performing a background check into my history and waive any right of privacy I may have for the limited purpose of the County considering it for determination my suitably as a volunteer.
- I understand that my relationship with the County carries with it NO promise of continuation and can be terminated at any time by either party without cause, notice or reason.
- I understand that I am a volunteer and NOT an employee of the County of McHenry and am not eligible for any benefits, including Workers' Compensation.
- I grant full permission to use any photographs, videotapes, motion pictures or recordings for publicity purposes by the County.
- In signing this form, I verify that I understand and assume the risks involved in volunteering with the County. I hereby release the County, their representative, officers, members, employees, and agents from any responsibility for any and all injuries, property damage, all actions, causes of action, claims, demands, costs, expense and compensation, on account of, or in any way growing out of my volunteer activities with the County.
- I agree to indemnify and hold harmless the County, their representatives, officers, members, employees, and agents from any and all liability arising out of any damages caused by my volunteer activities with the County. This waiver includes me, all of my family members and descendants forever from seeking any legal action against the County or their representatives.

By signing below I acknowledge that I have read and understood the entirety of this document; and consent and agree to be legally bound by the terms thereof.

Volunteer's Signature _____ Date _____

Printed Name of Volunteer _____ Telephone number _____