

**VOLUNTEER AGREEMENT**

**Name of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Contact Phone Number:** \_\_\_\_\_

**Conservancy Representative:** \_\_ Bill Kleiman \_\_\_\_\_

1. **VOLUNTEER SERVICES:** I agree to participate with The Nature Conservancy (“Conservancy”) in the following volunteer activities: weed removal or treatment, seed collection, brush piling or treatment.

I will volunteer under the guidance of the Conservancy representative named above. I agree to perform my volunteer services in a lawful, ethical, and safe manner. Either the Conservancy or I may end my voluntary participation at any time and for any reason.

2. **NO COMPENSATION OR BENEFITS:** I understand that I will receive no pay, benefits, or other privileges of employment of any kind from the Conservancy for my services. Without limiting the foregoing, I understand and agree that:

- a. the Conservancy carries secondary accident insurance for volunteers, which means that I must draw on my own insurance coverage in full before the Conservancy’s insurance may become available;
- b. I am solely responsible for any costs incurred for any and all medical care received, whether related to or unrelated to my volunteer service;
- c. I am not eligible for workers’ compensation benefits if I am injured or become ill as a result of my volunteer service;
- d. I am not eligible for unemployment compensation benefits when my volunteer service ends; and
- e. the Conservancy will not reimburse me for any expense without express prior approval, in writing from the Conservancy representative named above and that any reimbursable expenses must be reasonable in amount, related to and in furtherance of my volunteer service and substantiated by proper and adequate documentation and receipts.

3. **POLICIES, PROCEDURES AND TNC CODE OF CONDUCT:** I understand that the Conservancy is committed to providing an environment for employees and volunteers that is free of harassment and other improper conduct. I agree to treat all Conservancy employees and volunteers with respect.

4. **ASSUMPTION OF RISK:** *I assume the full risk of any injuries, property damage, or loss that I may sustain as a result of volunteering for the Conservancy, even if the damage results from the negligence of the Conservancy or its staff.* I am in good health and I am aware of no problem or condition that will limit or interfere with my ability to participate in this activity. In the event of an emergency, I authorize the Conservancy to secure from a licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care.

5. **RELEASE OF LIABILITY:** To the greatest extent permitted by law, on behalf of myself, my spouse, children, domestic partners, parents or other family, and their legal representatives, heirs, agents, insurers, successors, and assigns (collectively, the “Releasers”), **I hereby waive, release and forever discharge any and all claims that Releasers may have or ever had or will have against the Conservancy, its present and**

**former members, agents, employees, officers, directors, affiliates, parent corporations, subsidiaries, representatives, attorneys, successors in interest, predecessors in interest, trustees, and assigns (collectively, the “Releasees”) relating to any accident, incident or occurrence arising out of, or in connection with, my volunteer activities.**

6. **MEDIA AUTHORIZATION:** I give the Conservancy, its affiliates and their respective successors, assigns, agents, and licensees, the irrevocable and perpetual right to record and use, as the Conservancy may desire in its discretion, all recordings and reproductions or depictions of my name, likeness, voice, persona, words, actions, and/or biography, which the Conservancy may make. I agree that (a) I shall have no right of approval and no claim to any compensation; (b) I shall not make any comments or provide information to the news media or on social media about the volunteer activities without authorization from the Conservancy; and (c) I am not authorized to speak on behalf of or to represent the Conservancy.
7. **PARENT/GUARDIAN RELEASE:** I make this agreement individually and on behalf of any youth (under 18) named below as the volunteer or as accompanying me to induce the Conservancy to allow the youth to participate in volunteer activities or to accompany me. All provisions of this agreement, including but not limited to the provisions of the paragraphs captioned “Assumption of Risk” and “Release of Liability” and “Media Authorization” apply to any named youth volunteer or youth accompanying me.
- a. Name(s) of youth volunteer(s): \_\_\_\_\_ Age(s): \_\_\_\_\_
- b. Name(s) of accompanying youth: \_\_\_\_\_ Age(s): \_\_\_\_\_

8. **COVID-19 ACKNOWLEDGEMENT AND WAIVER**

- a. I certify that I will have current and active health insurance during the term of the Activities.
- b. I acknowledge that COVID-19 is a highly contagious disease, is the source of a global pandemic, that information about COVID-19 is rapidly changing, and at this time there is no readily available or consistent treatment or cure for COVID-19.
- c. I acknowledge that I may be exposed to COVID-19 or other illnesses by participating in the Activities, and I assume the risk of exposure to COVID-19 or other illnesses and waive all claims against the Conservancy with respect to exposure to COVID-19 or other illnesses.
- d. I agree to complete TNC’s Daily Self-Certification Health Questionnaire Relating to Covid-19 Symptoms (“**Daily Certification**”) every day that I participate in the Activities, and to report my response to a designated TNC representative, as required. I certify that if, during the term of the Activities, I answer “yes” to any of the questions on the Daily Certification, I will immediately notify the TNC representative and cooperate with any isolation, quarantine or relocation required by the Conservancy.
- e. I acknowledge that if I develop COVID-19 Symptoms during my participation in the Activities or test positive for COVID-19, the Conservancy may notify those with whom I have been in contact and government officials, as appropriate.
- f. I agree to comply with Executive Orders, directives and related guidance issued in relation to the COVID-19 pandemic (“COVID-19 Requirements”). I also agree to follow relevant CDC and state department of health guidelines on COVID-19 and adopt all appropriate safeguards to ensure my safety and the safety of any third parties with whom I come into contact in the context of the Activities (“COVID-19 Safety Measures”). If I am concerned at any point that I am not able to perform the Activities in a manner that is compliant with COVID-19 Requirements and COVID-19 Safety Measures, I agree to notify the Conservancy immediately.

- g. I understand that I can obtain further information about COVID-19 at [cdc.gov/coronavirus/](https://www.cdc.gov/coronavirus/) and the Illinois Department of Health.
- h. I agree to comply with COVID-19 protocols and directions provided to me by TNC representatives. I acknowledge and agree that the Conservancy makes no representation or warranty that by following such protocols or directions from TNC that I will be protected from exposure to COVID-19.
- c.

By signing below, I express my understanding and intent to enter into this Volunteer Agreement. I sign it of my own free will and agree that this Agreement is effective as of my signature and for the duration of the volunteer services. I also understand that no changes shall be made to this agreement unless they are in writing and are signed by both an authorized representative of the Conservancy and by me. By signing below, I certify that I am 18 years of age or older or, if I am not 18 years of age, that my parent or guardian must also sign this agreement.

\_\_\_\_\_  
Volunteer – Signature

\_\_\_\_\_  
Volunteer Name - Print

Date: \_\_\_\_\_

The Nature Conservancy

By: Bill Kleiman

Name: Bill Kleiman

Title: Nachusa Grasslands Project Director

Date: 2021

Signature of parent or legal guardian, if volunteer is a youth or if youth accompany an adult volunteer

\_\_\_\_\_  
Name of Parent/Guardian - Print

Date: \_\_\_\_\_