



Homer Township Volunteer & Committee Application

14350 West 151st Street, Homer Glen, IL 60491 Phone: 708-301-0522

Homer Township Volunteer & Committee Application

Date: ___/___/_____

Name: _____ Phone number: _____

Address: _____

City: _____ Zip: _____ Email address: _____

The Homer Township Board of Trustees appreciates your interest in serving our community. In order to assist the Township Board in assessing your qualifications and interests please answer the following questions by typing or legibly printing your response. Those interested must complete and sign this form and the waiver to be a volunteer and/or on any committee. Please read through the attached information prior to completing this request (additional sheets may be attached if necessary). Although there are a limited number of official volunteer or committee positions available, those not appointed to a specific position are always welcome to attend committee meetings.

1. Are you a resident of Homer Township? ___ YES ___ NO
2. Are you currently, or have you previously volunteered on a Homer Township; Village of Homer Glen; City of Lockport; other municipal, county or government sponsored committee? If yes, Please explain _____

3. Do you have any experience, education, or background that would assist or contribute to serving in any position on a voluntary capacity?

4. Please indicate which areas you have an interest in assisting:

___ Homer Township Volunteer Committee ___ Land Use Committee

___ Senior Expo ___ Monthly Senior Meetings ___ Senior Bunco

___ Truck Task Force ___ Senior Task Force

___ PETFEST ___ Homer Parade



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5. Do you have any relationship or reason that might possibly constitute a conflict of interest if you are selected to serve/represent the Township in any capacity? If yes, please explain:

I have completed the application to the best of my ability acknowledge that all information above is true and accurate to the best of my knowledge. I have read the attached guidelines and eligibility information and understand that this application does not guarantee my appointment. I agree to complete any additional forms and training shall I be appointed to serve.

Applicant's Signature _____

Date: _____

General Membership Information:

- Volunteers and Committee members serve at the pleasure of the Township Board and may be removed from the position or service at any time for such cause as the Township Board sees fit. They must be a resident of Homer Township and provide a copy of their driver's license to prove residency.
- To attend any events, applicant must notify which event(s) they are interested to volunteer. Any volunteer who requests to volunteer for an event and does not show up for two or more events shall be subject to removal as a volunteer by action of the Township Board. Committee members who do not attend two or more consecutive meetings shall be subject to removal as a committee member by action of the Township Board.
- The primary function of a volunteer is to arrive at least one hour before the event is to begin as to set up, assist as necessary at event, and stay at least one hour after the event for clean-up.
- Volunteer and Committee appointments and participation therein shall be subject to and in compliance with the Open Meetings Act, Freedom of information Act, Gift Ban Act, Ethics Law, and any other State and Federal Laws and mandates.
- Completed forms can be emailed to Vicki Bozen at office@homertownship.com

For Office Use Only

Request Received Date ___/___/___ Received By: _____

Proof of Residency provided? _____ Verified By: _____

This form was board approved 3-13-2023



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Homer Township Volunteer & Committee Waiver

Effective Date ___/___/___

Volunteer Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number(s): _____

I, the above listed Volunteer, desire to work as a volunteer for Homer Township and engage in the activities related to being a volunteer for a work project. I hereby voluntarily, execute this Volunteer Waiver under the following terms:

I, the Volunteer, release and hold harmless Homer Township and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with Homer Township.

I understand that this Waiver discharges Homer Township from any liability or claim that I, the Volunteer, may have against Homer Township with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on Homer Township's work site. I also fully understand that Homer Township does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of Homer Township beyond what may be offered freely by the representative of Homer Township in the event of such injury or medical expense.

I hereby release Homer Township from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with Homer Township.

I understand that my time with Homer Township may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release Homer Township from all liability for injury, illness, death, or property damage resulting from the activities of my time with Homer Township.



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I grant unto Homer Township all right, title, and interest in any and all photographic images and video or audio recordings that are made by Homer Township during my work with Homer Township, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Illinois in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Illinois. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to enforceable.

Volunteer's Signature

Date

Print Volunteer's Name

In the event the volunteer is younger than 18 years of age, a signature of the volunteer's legal guardian is required below:

Legal Guardian of above signed volunteer

Date

Print Guardian's Name