



Illinois
Department of
**Natural
Resources**

JB Pritzker, Governor • Natalie Phelps Finnie, Director
One Natural Resources Way • Springfield, Illinois 62702-1271
www.dnr.illinois.gov

ACKNOWLEDGMENT FORM FOR LIABILITY INSURANCE PURPOSES

I understand that when volunteering my time with Safety Education Programs under direction of the Illinois Department of Natural Resources, I will be covered under the Indemnification Act with liability insurance while performing my duties as a Volunteer Safety Education Instructor through public Act 83-1364 of the Illinois State Statutes.

Name (please print): _____

Program(s) applied for : _____

County: _____

Signature: _____ Date: _____

This form **MUST be returned in order to process your certification as a Department of Natural Resources Volunteer Instructor.*

Please return this form to:

Illinois Department of Natural Resources
Office of Law Enforcement
Safety Education Section
One Natural Resources Way
Springfield, IL 62702-1271