



ACKNOWLEDGMENT FORM FOR LIABILITY INSURANCE PURPOSES

I understand that when volunteering my time in safety education programs under direction of the 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 safety education 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