

## 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:	<u> </u>	
County:		
Signature:	Date:	

\* This form <u>MUST</u> 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

file.hb 02/23