

Welcome to the Community for Health Improvement Program

Supervised by: Kankakee County Board of Health & Managed by Kankakee County Health department.

VOLUNTEER/PRESENTER REGISTRATION FORM AND AGREEMENT

First Name		Last Name		Company/Business		Job Title	
Street		City		State/Province		Zip/Postal Code	
E-Mail		Web Page		Category			
				Business		Personal Family	
Business Phone		Fax #	Home Phone			Mobile Phone	
Notes and Professional Background							
Event/Lecture Detail							
Title				Proposed Event Location			
Start Date and Time		End Date and Time					
Event/Lecture Description							
Volunteer Registration Form and Attachment							
E-Mail this form and a copy of your proposed presentation to info@kankakeehealth.org							

As a volunteer, I release and hold harmless Kankakee County Board of Health and the Kankakee County Health Department and their successors from any and all claims, costs, suits, actions, judgments or expenses upon any damage, loss or injury to me or to my property which may arise from this volunteer event.

The information I intend to provide is for educational purposes only and should not be used to make important medical decisions.

In signing below, I acknowledge that I have read and understand this volunteer agreement.

Signature: _____

Date: _____