

# Active Council on Recreation Needs (ACORN) Hendricks County Parks & Recreation 2020-21

Hendricks County Parks & Recreation is seeking high school freshmen, sophomores, and juniors to serve on the Active Council on Recreation Needs (ACORN) for the 2020-21 school year.

## What

ACORN members will learn about careers in the field of Parks & Recreation through monthly hands-on experiences with Hendricks County Parks & Recreation staff. The maintenance crew, naturalist staff, and office staff will guide members through each of these three divisions and their functions to keep McCloud Nature Park, the Vandalia Trail, and the future W.S. Gibbs Memorial Park looking good and moving forward. Additionally, they will advise, discuss, and help park staff implement recreation programming that is beneficial and interesting to teens. ACORN members will also spearhead, with park staff's guidance, the development, implementation, and execution of a day-long Indiana outdoor adventure – the Junior Environmental Excursion Program (JEEP).

ACORN members will pay \$50 for dues for the 2020-21 school year. ACORN t-shirts will be provided, as well as lunch at every meeting date, and a certificate of completion at the end of the program that will look great on college applications and other future endeavors!

## Who

The 2020-21 ACORN program is open to all area residents who are freshmen, sophomores, or juniors in public schools, private schools, or homeschool programs.

## When

Tentative meeting dates are as follows:

- Saturday, Oct. 10, 2020
- Saturday, Nov. 14, 2020
- Saturday, Dec. 12, 2020
- Saturday, Jan. 9, 2021
- Saturday, Feb. 13, 2021
- Saturday, March 13, 2021
- Saturday, April 10, 2021

All meetings will be from **10 a.m. to 2 p.m.** Lunch will be provided.

## Where

The December and January meetings will be held at the Hendricks County Parks & Recreation main office, located at **955 E. Main Street in Danville**. All other meetings will take place at McCloud Nature Park, located at **8518 Hughes Road, North Salem**.

## How

Please complete the attached one-page application and attached Waiver & Release Agreement, and submit them by email to Assistant Park Naturalist Joe Lembo at [jlembo@hcparks.net](mailto:jlembo@hcparks.net) or by mail to Hendricks County Parks & Recreation at P.O. Box 463, Danville, IN 46122 **no later than September 20, 2020**.

You can also find the application packet online at: <http://hendrickscountyparks.org/programs/acorn/>

Feel free to contact Joe Lembo at **(765) 676-5437** or by email with any questions.



**Active Council on Recreation Needs (ACORN)**  
**Hendricks County Parks & Recreation**  
**2020-21 Application**

Name: \_\_\_\_\_

School/Homeschool: \_\_\_\_\_

I am a (circle one):      FRESHMAN      SOPHOMORE      JUNIOR

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Please let us know briefly why you're interested in ACORN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I am expressing my interest in being considered for the Hendricks County Parks & Recreation ACORN program. I have reliable transportation to and from the monthly meetings in Danville and North Salem, and I understand that my attendance and active participation at ACORN meetings are crucial for success and expected by park staff. My parent or guardian has reviewed and signed the enclosed Waiver & Release Agreement. I understand that selection of ACORN members will be completed by Hendricks County Parks & Recreation staff no later than Sept. 27, 2020, and my parent or guardian will be notified via email shortly thereafter.

\_\_\_\_\_  
Applicant's Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date



**WAIVER & RELEASE AGREEMENT**  
**Hendricks County Parks & Recreation**

**WAIVER & RELEASE OF ALL CLAIMS**

As the parent/guardian of a minor participant in the 2020-21 Active Council on Recreation Needs (ACORN), I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages, or loss which I or the minor participant may sustain as a result of participating in any and all activities connected with or associated with such program.

As the parent/guardian of a minor participant in this program, I do hereby fully release and discharge Hendricks County Parks & Recreation and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I or the minor participant may have or which may accrue to me or the minor participant on account of my, or the minor participant's, participation in the program.

As the parent/guardian of a participant in this program, I agree to waive and relinquish all claims I or the participant may have against Hendricks County Parks & Recreation, its officers, agents, servants or employees as a result of participating in the program.

As the parent/guardian of a minor participant in this program, I further agree to indemnify and hold harmless and defend Hendricks County Parks and Recreation and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by the minor participant or me and arising out of, connected with, or in any way associated with the activities of the program.

**PHOTO RELEASE**

I give permission to Hendricks County Parks & Recreation for the free use of my likeness and that of my child or ward, in connection with any broadcast, telecast, video, photograph, print media, social media, or other publicity.

**I AM THE CUSTODIAL PARENT OR LEGAL GUARDIAN AND HAVE THE LEGAL RIGHT AND RESPONSIBILITY FOR THE CARE AND CUSTODY OF THE MINOR PARTICIPANT. I HAVE THE LEGAL RIGHT TO RELEASE AND HOLD HARMLESS THE ABOVE-NAMED ENTITY ON BEHALF OF THE NAMED MINOR CHILD.**

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE WAIVER & RELEASE AGREEMENT, AND I FULLY UNDERSTAND THAT THIS IS A RELEASE.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
(Print Minor Participant's Full Name)

\_\_\_\_\_  
Date

**Additional information (required):**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does your child have any known allergies? If so, please list: \_\_\_\_\_

Does your child require any special accommodations? If so, please list: \_\_\_\_\_