

.Conserving Natural Resources for the Future

VOLUNTEER INFORMATION SHEET

NAME:	DATE:	
ADDRESS:		
CITY:	_ STATE:	ZIP:
PHONE NUMBER:		
EMAIL:		
EMERGENCY CONTACT:		
EMERGENCY PHONE:		
BACKGROUND AND EXPERIENCE: (i.e. working with children, natural history background, gift shop experience)		
AVAILABILITY:		
DAYS:		
TIMES:		
INTERESTS, PROGRAM PREFERENCE: (Saturday, school program, bulk mailing, odds and ends)		

Volunteers should be aware of the confidentiality inherent with any environmental regulatory program and their exposure to sensitive information contained within office files.



Monroe County Conservation District Volunteer Liability Release

In consideration of my desire to serve as a volunteer in relief efforts to be conducted by the Monroe County Conservation District, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary effort or other activity of any nature, including the use of equipment and facilities of the Monroe County Conservation District.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge the Monroe County Conservation District and the County of Monroe and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Date: Signature: Print Name:

Legal Guardian Signature (if volunteer is under the age of 18):