

# Volunteer Application



PLEASE PRINT

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Preferred method of contact  Home  Cell  Email

Are you 18 years of age or older?  Yes  No

Are you a Glen Helen Association Member?  Yes  No

How did you hear about volunteer opportunities at Glen Helen? \_\_\_\_\_

Please describe your personal goals for volunteering your time \_\_\_\_\_

Please describe any past volunteer experiences, special interests, hobbies and skills \_\_\_\_\_

Education (optional)  High School  College  Graduate  Post-Graduate

**Please check all activities on the lists below that interest you. Public facing activities will require a personal background check.**

## Public-facing

- Front desk greeters / Nature Shop
- Fundraising / membership recruitment
- Trail greeter / ambassador
- Hike / program leader
- Trailside Museum docent
- Project and event coordination
- Special event support team

## Animals

- Bird feeders
- Reptile care
- Raptor cage cleaning
- Raptor veterinarian driver

## Land stewardship

- Gardening / plant care
- Lawn / leaves / snow
- Litter cleanup
- Trail maintenance
- Invasive species removal
- Ecological monitoring

## Behind the scenes

- Photographer
- Building maintenance
- Cleaning
- Office / clerical / mailings

**Please indicate the days and times you are available:**

Mon \_\_\_ to \_\_\_, Tue \_\_\_ to \_\_\_, Wed \_\_\_ to \_\_\_, Thu \_\_\_ to \_\_\_, Fr \_\_\_ to \_\_\_, Sat \_\_\_ to \_\_\_, Sun \_\_\_ to \_\_\_

References (Please provide name and phone number of a personal reference)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

## Required Signature

The information on this application and all other information otherwise provided is true and correct. I understand that either the Glen Helen Association or I may end the volunteer employment at any time for any or no reason.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Waiver of Liability, Assumption of Risk, and Indemnity Agreement

**Waiver:** In consideration of being permitted to participate in any way in Volunteer Activities in Glen Helen, hereby known as "The Activity".

I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Glen Helen Association, its officers, board of trustees, employees, and agents from liability from any and all claims including the negligence of the Glen Helen Association, its officers, its trustees, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian of Minor \_\_\_\_\_ Date \_\_\_\_\_

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD the Glen Helen Association HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian of Minor \_\_\_\_\_ Date \_\_\_\_\_

Participant's age (if minor). \_\_\_\_\_

## Photograph Release

"I grant Glen Helen Association permission to display photo(s) of myself on posters, brochures, and displays representing Glen Helen Association. Displays may be in-house, at community events, visual media, and/or in newspapers. This permission is for my current position and any future positions I may hold with Glen Helen Association."

Name of Participant \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_