

Volunteer Application



Glen Helen

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 transportation 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 _____

>OVER

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 _____