

**Department:** Up Yonda Farm, Environmental Education Center

**Volunteer will report to:** Kristen Wilde, Rick Landry, Andrea Smith, other Warren County staff

**Responsibilities:**

- Administrative (guest check-in, folding brochures, entering/compiling data)
- Event (Maple Festival, Trunk-or-Treat, Open House)
- Exhibit Maintenance (animal care, assisting with exhibit creation, etc)
- Facility Maintenance (trail work, painting, invasive species)
- Gardening (planting, weeding, watering)
- Program Assistance (developing, leading, assisting Naturalists in programs)

**Anticipated Start Date:** \_\_\_\_\_ **Anticipated End Date:** \_\_\_\_\_

**Anticipated Days/Hours:** \_\_\_\_\_

**Volunteer Information:** (to be filled out by applicant)

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Can you perform the required duties with or without reasonable accommodation? Warren County is an equal opportunity/affirmative action employer. If necessary, please explain.

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any crime that impacts the volunteer work you are applying for?

Yes  No

If yes, please explain and provide dates (note this will not automatically bar you from the position as each case is considered on its merits)

\_\_\_\_\_

\_\_\_\_\_

**Do you know any foreign language?**

Language: \_\_\_\_\_  Speak  Read  Write

Language: \_\_\_\_\_  Speak  Read  Write

**References:**

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

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

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

**By signing below, the Volunteer Applicant acknowledges the following:**

- Volunteer has received a copy of the Warren County Volunteer Policy and Procedure, and agrees to adhere to the standards contained therein while serving in the capacity of a Volunteer.
- Warren County does not provide compensation or financial assistance for volunteer services.
- Volunteers must conduct themselves to protect the interest and safety of all other volunteers, staff and the County.
- Volunteers are an additional insured on the County's liability policy while they are within the scope of their services.
- The County does not carry health, medical, or disability insurance for any volunteer. However, very limited medical expense reimbursement may be available per Local Law No. 4 of 2005.
- Warren County does not provide automobile insurance for any volunteer utilizing a private automobile during their service.
- Volunteers must act in all matters in a manner that will safeguard the reputation and integrity of Warren County and strengthen public confidence in Warren County activities.
- The Volunteer understands that the Activities include work that may be hazardous and releases Warren County from all liability for injury, illness, death, or property damage arising out of or resulting from the Volunteer's activities.
- Volunteer acknowledges that a background check may be done and agrees to provide additional information as requested by Warren County to complete the background check.
- Volunteer's assignments or activities for Warren County may be terminated by Warren County at any time for any reason.

**I authorize the release of my name and contact information for the purposes of recognition to the Clerk of the Board if requested:**  Yes  No

Volunteer Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Legal Guardian Signature (if under 18) \_\_\_\_\_

Date \_\_\_\_\_

Volunteer Applicant date of birth (if under 18) \_\_\_\_\_

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**To be completed by the Department Head:**

Volunteer Approved?  Yes  No

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the County Administrator:**

Volunteer Approved?  Yes  No

County Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_