



## New Volunteer Application

Today's Date \_\_\_\_\_

**GENERAL INFORMATION**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer or School \_\_\_\_\_

Skills and Special Interests \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

**PROGRAM INTERESTS**

Please check the areas where you would most like to get involved.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>● Educational Assistance</li> <li>● Forest Restoration</li> <li>● Office Cleaning</li> </ul> | <ul style="list-style-type: none"> <li>● Office Assistant</li> <li>● Photography</li> <li>● Critter Care</li> </ul> |
|---|---|

Top choice: \_\_\_\_\_

**AVAILABILITY**

Please indicate the times that would work best for you to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						

**BACKGROUND CHECK**

Volunteers who are 18 or older and wish to work with children must provide a background check prior to volunteering.

- I understand

**ADDITIONAL INFORMATION**

How did you hear about the Louisville Nature Center?

Please tell us about your motivation for volunteering.

Do you have any special needs? If so, please list so we may assist you.

Have you ever been convicted of a crime against a person? Yes No

Have you ever been charged with child neglect or abuse? Yes No

If you answered yes to either of the above, please explain below.

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**AGREEMENT TO LNC POLICIES**

**I understand that:**

- a. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Louisville Nature Center, employees, and volunteers thereof.
- b. In signing this application, I have read the attached information and apply for registration with the Louisville Nature Center. I agree to be guided by the rules and regulations of the Louisville Nature Center. I affirm that the information I have given on this form is true and correct.

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

*Return application to:*

Mary Ford Rodes  
Volunteer Coordinator  
3745 Illinois Avenue  
Louisville, KY 40213  
[maryford@louisvillenaturecenter.org](mailto:maryford@louisvillenaturecenter.org)

## Volunteer Waiver for Louisville Nature Center

WAIVER AND RELEASE FORM RELEASE OF LIABILITY In return for being allowed to participate in Louisville Nature Center volunteer activities and all related activities, including any activities incidental to such participation (“Volunteer Activities”), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using “I”, “me”, or “my”) releases and agrees not to sue the Louisville Nature Center or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Louisville Nature Center is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise. I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation. I also agree to indemnify and hold harmless the Louisville Nature Center for all claims arising out of my participation in the Volunteer Activities. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities. I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Louisville Nature Center.

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Signature of Volunteer

Date

*I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.*

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Signature of Parent/Legal Guardian (Required if Volunteer is under 18)

Date

*I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.*