

VOLUNTEER FORM



Ansonia Nature and Recreation Center
10 Deerfield Lane, Ansonia, CT 06401
Email: ansnaturectr@ansoniacct.org
Telephone: (203) 736-1053

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Telephone- Home: _____ Work: _____ Cell: _____

Email: _____

EMERGENCY CONTACT INFORMATION:

Full Name: _____ Relation: _____

Phone: _____ Cell Phone: _____ Email: _____

What type of volunteer job(s) interest you? _____

Interest / Skills Inventory

- | | | |
|---|---|--|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Maintenance of buildings, housekeeping | <input type="checkbox"/> Ability to handle details |
| <input type="checkbox"/> Answering phones | <input type="checkbox"/> Teaching programs / classes | <input type="checkbox"/> Work well with others |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Adults | <input type="checkbox"/> Prefer to work alone |
| <input type="checkbox"/> Preparation of informational brochures | <input type="checkbox"/> Children | <input type="checkbox"/> Interest in natural history |
| <input type="checkbox"/> Library work | <input type="checkbox"/> Landscaping / gardening | <input type="checkbox"/> Concern for the environment |
| <input type="checkbox"/> Writing news releases | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Communication skills |
| <input type="checkbox"/> Addressing envelopes for mailings | <input type="checkbox"/> Preparing posters / flyers | <input type="checkbox"/> Organization skills |
| <input type="checkbox"/> Maintenance of trails | <input type="checkbox"/> Designing bulletin board displays/exhibits | <input type="checkbox"/> Animal care |

Other skills: _____

I certify that I am healthy and free of problems that could be harmful or deleterious to my participation or that of others. Please initial: _____

EMERGENCY AUTHORIZATION

In case of illness or injury to me/my child while volunteering at the Ansonia Nature Center; The City of Ansonia, the Ansonia Nature and Recreation Center, and their agents have authority to provide medical attention, including sending me/my child to a medical facility when deemed necessary. I understand that I am responsible for all charges relating to medical services if such services are necessary. Please initial: _____

SAFETY

I assume all risk and I understand that activities may occur outside and that there is possible exposure to potentially harmful animals and vegetation and will hold harmless the City of Ansonia, Ansonia Nature and Recreation Center, the Friends of the Ansonia Nature and Recreation Center, and their agents. Please initial: _____

Signature: _____ Date: _____