

# VOLUNTEER FORM



**Ansonia Nature and Recreation Center**  
10 Deerfield Lane, Ansonia, CT 06401  
*Email:* [ansnaturectr@ansoniacr.org](mailto:ansnaturectr@ansoniacr.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: \_\_\_\_\_

Which volunteer job(s) interest you (a list of these can be found on our website)? \_\_\_\_\_

## Interest/Skills Inventory

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Animal care                   | <input type="checkbox"/> Preparing posters/flyers          | <input type="checkbox"/> Work well with others       |
| <input type="checkbox"/> Designing displays & exhibits | <input type="checkbox"/> Writing news releases             | <input type="checkbox"/> Prefer to work alone        |
| <input type="checkbox"/> Gardening/Landscaping         | <input type="checkbox"/> Nature store attendant            | <input type="checkbox"/> Interest in natural history |
| <input type="checkbox"/> Trail maintenance             | <input type="checkbox"/> Addressing envelopes for mailings | <input type="checkbox"/> Concern for the environment |
| <input type="checkbox"/> Teaching programs             | <input type="checkbox"/> Ability to handle details         | <input type="checkbox"/> Communication skills        |
| <input type="checkbox"/> Update social media           |  | <input type="checkbox"/> Organization skills         |

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: \_\_\_\_\_