



Office: 2043 N. Main Ave Scranton, PA 18508 570-347-6311 www.lrca.org

VOLUNTEER REGISTRATION

First & Last Name:		
Address:		
City/State/Zip:		
Home Phone:	Cell Phone:	
Email:		
	*Sign me up to receive promotional emails for the LRCA \Box	
Level of desired co	all that apply: 17)	•
I am interested in v	volunteering for the following types of activities:	
☐ Field W	ork (Trash Cleanups, Tree Plantings, Water Quality Te	esting, etc.)
□ Office V	Office Work (Mailings, Archiving, Data Entry, I.T. Support, etc.)	
□ Commu	Communications (Social Media, Newsletter, Photography, Graphic Design, etc.)	
□ Events	Events (RiverFest, ShiverFest, Educational Programs, Outreach, etc.)	
□ Steward	Stewardship Work on Conservancy Preserves	
□ Other/I	List Your Special Skills:	
	AGREEMENT AND SIGNATURE	
understood, and agree Conservation Associati	Ill the following information and sign below. Your signature with the following statements regarding your participation (LRCA) and Lackawanna Valley Conservancy (LVC) Volument I am an unpaid volunteer and may terminate my associticipate on a voluntary basis. Therefore, I release the LRCA,	on as a Lackawanna River inteer. ation with LRCA/ LVC at any time
I agree to remI am aware the	lity for injury, illness, or diseases sustained during my partic lain professional while volunteering. Any misconduct will re at volunteers may be photographed for educational, archive tent that any photograph I am in can be published by the LR	sult in volunteer termination. al, and public relations purposes.
Signature:		Date:
If you are under 18:	Name of Parent/Guardian:	
Signature of Parent/Guardian:		Relationship:

570-347-6311 EMAIL: Irca@Irca.org MAIL: LRCA, P.O. Box 368, Scranton, PA 18501

PLEASE RETURN THIS FORM TO THE LRCA EMAIL OR ADDRESS BELOW. THANK YOU!