



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

Check the box for all that apply:

Age:  Teen (14-17)  Adult (18-64)  Senior (65+)

Level of desired commitment:  Occasional  Weekly  Monthly

I am available:  Weekdays \_\_\_\_\_  Weeknights \_\_\_\_\_  Weekends \_\_\_\_\_

**I am interested in volunteering for the following types of activities:**

- Field Work (Trash Cleanups, Tree Plantings, Water Quality Testing, etc.)
- Office Work (Mailings, Archiving, Data Entry, I.T. Support, etc.)
- Communications (Social Media, Newsletter, Photography, Graphic Design, etc.)
- Events (RiverFest, ShiverFest, Educational Programs, Outreach, etc.)
- Stewardship Work on Conservancy Preserves
- Other/List Your Special Skills: \_\_\_\_\_

**AGREEMENT AND SIGNATURE**

**Please carefully read all the following information and sign below. Your signature verifies that you have read, understood, and agree with the following statements regarding your participation as a Lackawanna River Conservation Association (LRCA) and Lackawanna Valley Conservancy (LVC) Volunteer.**

- I understand that I am an unpaid volunteer and may terminate my association with LRCA/ LVC at any time
- I agree to participate on a voluntary basis. Therefore, I release the LRCA, LVC, and any partnering entity from any liability for injury, illness, or diseases sustained during my participation in related activities.
- I agree to remain professional while volunteering. Any misconduct will result in volunteer termination.
- I am aware that volunteers may be photographed for educational, archival, and public relations purposes. I give my consent that any photograph I am in can be published by the LRCA and LVC.

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

**If you are under 18:** Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**FAX: 570-207-7590    EMAIL: lrca@lrca.org    MAIL: LRCA, P.O. Box 368, Scranton, PA 18501**