



Volunteer Profile  
Non-Student

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**1. Volunteer Information**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Physical/ mailing Address: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

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**2. Volunteer Interests/Experience/ Availability**

\*If you have a resume, please attach a copy to this application. (Optional)

**2.A Which general volunteer work categories are you most interested in?**

- |   |   |
|---|---|
| <input type="checkbox"/> Archeology/Engineering         | <input type="checkbox"/> Timber/Fire Prevention             |
| <input type="checkbox"/> Botany/Horticulture/Greenhouse | <input type="checkbox"/> Trail Maintenance                  |
| <input type="checkbox"/> Construction                   | <input type="checkbox"/> Tour Guide/Interpretation          |
| <input type="checkbox"/> Maintenance                    | <input type="checkbox"/> Visitor Information                |
| <input type="checkbox"/> Technology                     | <input type="checkbox"/> Volunteer Services                 |
| <input type="checkbox"/> Conservation Education         | <input type="checkbox"/> Mentor                             |
| <input type="checkbox"/> Animal Welfare                 | <input type="checkbox"/> Recycling/Conservation             |
| <input type="checkbox"/> Historical/ Preservation       | <input type="checkbox"/> Marketing/Public Relations         |
| <input type="checkbox"/> Pest/Disease Control           | <input type="checkbox"/> General Education                  |
| <input type="checkbox"/> Minerals/ Geology              | <input type="checkbox"/> BINGO                              |
| <input type="checkbox"/> Event Planning                 | <input type="checkbox"/> Retail                             |
| <input type="checkbox"/> Office                         | <input type="checkbox"/> Park Operations                    |
| <input type="checkbox"/> Research/Librarian             | <input type="checkbox"/> Fundraising/ Grant Writing/Editing |
| <input type="checkbox"/> Soils                          | <input type="checkbox"/> Accounting                         |
| <input type="checkbox"/> Watershed                      | <input type="checkbox"/> Other (Please specify below)       |

**2.B What qualifications/skills/experience/education do you have that you would like to use in your volunteer work?**

- |  |   |
|--|---|
| <input type="checkbox"/> Animal Care               | <input type="checkbox"/> Landscaping/Reforestation    |
| <input type="checkbox"/> Backpacking/Camping       | <input type="checkbox"/> Land Surveying               |
| <input type="checkbox"/> Biology                   | <input type="checkbox"/> Map reading                  |
| <input type="checkbox"/> Carpentry                 | <input type="checkbox"/> Photography                  |
| <input type="checkbox"/> Secretarial/Office        | <input type="checkbox"/> Public Speaking              |
| <input type="checkbox"/> Machines                  | <input type="checkbox"/> Research/Librarian           |
| <input type="checkbox"/> Computer/Technology       | <input type="checkbox"/> Sign Language                |
| <input type="checkbox"/> Drafting/Graphics         | <input type="checkbox"/> Supervision                  |
| <input type="checkbox"/> Driver's License          | <input type="checkbox"/> Teaching                     |
| <input type="checkbox"/> First Aid Certificate     | <input type="checkbox"/> Working with People          |
| <input type="checkbox"/> Hand/Power Tools          | <input type="checkbox"/> Writing/Editing              |
| <input type="checkbox"/> Heavy Equipment Operation | <input type="checkbox"/> Visual & Creative Arts       |
| <input type="checkbox"/> Farm Experience           | <input type="checkbox"/> Other (Please specify Below) |

**2.C Please list any certifications or formal education you have.**

**2.D Based on your responses in 2.A-2.C, what type of volunteer work would you like to do? What are your objectives as a volunteer?**

**2.E Would you be willing to supervise other volunteers? YES NO**

**2.F Please describe any physical or health conditions that would effect volunteer availability.**

**2.G Please mark when you wish to work. Circle all that apply.**

**Month:**

January    February    March    April    May    June  
July    August    September    October    November    December    Varying

**How many hours per week can you work?**

**Days of the Week:**

Monday    Tuesday    Wednesday    Thursday  
Friday    Saturday    Sunday    Varying

**2.H Please describe past volunteer experience as it relates to how you want to help out the Liberty Nature Center.**

**Volunteer Certification of Acknowledgement**

I understand that the Liberty Nature Center is a non-profit organization. I certify that my general volunteer services will have no financial compensation. Furthermore, I release the Liberty Nature Center and any and all of its staff, board members, affiliates, or beneficiaries of any and all liability for incidents that occur during my time as a volunteer. I understand there are inherent risks with working with the Liberty Nature Center. I understand that the Liberty Nature Center has not neglected to warn me of these risks and certify I am choosing to perform volunteer tasks that carry the above-mentioned risks.

I understand that for some positions, I will be asked to provide more information and paperwork prior to being able to volunteer. I also understand I may be asked to complete volunteer orientation prior to being able to volunteer. I understand that volunteers may have photographs or videos taken and the materials may be used to promote No further releases are required. I am aware it is my responsibility to obtain, read, understand, and question the volunteer handbook prior to volunteering. I understand the staff of the Liberty Nature Center or myself can terminate my volunteer services at any time and I do not hold the right to grieve or appeal. I understand that I am helping the Liberty Nature Center and will do my best to make my involvement a positive experience for all parties involved.

I certify that the above information is completed to the best of my knowledge.

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

Please return this application & volunteer certification of acknowledgement to the following address(es) via electronic submission OR physical means.

**Liberty Nature Center  
PO Box 3746  
West Somerset, KY 42564**

**OR**

**director@libertynaturecenter.org**