



Volunteer Profile
& Membership Application
Student

1. Student Information

Name: _____

Email Address: _____

Contact Phone Number: _____ Birth date: _____

Physical/ mailing Address: _____

School Name: _____ Current Grade: _____

Emergency Contact Information:

Name: _____ Relation: _____ Phone: _____

2. Volunteer Interests/Experience

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

2.A Please check any of the following volunteer areas you are interested in:

- | | |
|---|--|
| <input type="checkbox"/> Marketing & Business | <input type="checkbox"/> Journalism |
| <input type="checkbox"/> Animal Welfare & Care | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Environmental/Conservation | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Education & Public Speaking | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Photography/Videography | <input type="checkbox"/> Fundraising/Grant Writing |
| <input type="checkbox"/> Technology or Website Design | |

2.B Why do you want to volunteer at the Liberty Nature Center?

2.C List any special skills or experience that would benefit your volunteer position?

2.D Are you interested in holding a leadership position/supervising other volunteers? Yes No

3. Availability:

We ask that all of our volunteers commit to **at-least** one set day per week for a period of **at-least** three consecutive months.

Please circle which days of the week you could work. You may circle multiple days. (Please note when school is in session we work M-F from 3:30-6:30 and from 10am-2pm on the weekends.)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

4. Other Information:

Please utilize this space to describe any physical or health conditions that would affect your volunteer experience at the Liberty Nature Center. You may also utilize this space for any other comments/questions you have.

5. Parent/Legal Guardian Information

Name: _____

Email Address: _____

Contact Phone Number: _____ Birth date: _____

Physical/ mailing Address: _____

Is this person interested in joining the Liberty Nature Center Booster Club? (The booster club helps plan trips, chaperone trips, raise money, and support the student volunteer program)

YES NO

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: _____

Parent/Legal Guardian Certification of Acknowledgement

I, _____, give permission for the above named minor to participate in the activities of the Liberty Nature Center. They have my permission to join the organization. I understand for them to participate as a Student Member they must complete volunteer orientation. I understand I will be provided more information upon request and will be responsible for completing all necessary waivers, releases, and forms prior to the above named minor engaging in volunteer activities. I have read and agree with the Volunteer Certification of Acknowledgment and the above named minor understands its contents.

Signed: _____ Date: _____

Please return the volunteer profile and acknowledgements to the following address(es) via electronic submission OR physical means.

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

director@libertynaturecenter.org