Volunteer Application Form

Personal Information

Name: ____________________________
  First       Middle       Last

Address: ____________________________

Phone
  Home: ____________________________  OK to call me here.
  Work: ____________________________  OK to call me here.
  Mobile: ____________________________  OK to call me here.
  E-mail: ____________________________

Where did you learn about the opportunity to volunteer at the Arboretum?

________________________________________________________________________

Demographics

Date of birth: Month ______ Day ________ Year ________ * optional

Education:

________________________________________________________________________

Employer (Please list your most recent employer, if applicable.)

Name: ____________________________

Responsibilities: ____________________________

________________________________________________________________________

Availability

Weekdays: ____________________________
Weekend Days: ____________________________

Indicate your hours of availability for the days selected above.

________________________________________________________________________
Volunteer Preferences – Check all that apply.

<table>
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<th>Gardening</th>
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<td>Office/Computer Work</td>
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<td>Assisting with Events</td>
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<td>Leading Tours</td>
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<td>Assisting with Educational Programs</td>
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<tr>
<td>Writing/Graphic design</td>
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<tr>
<td>Photography</td>
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<td>Children’s Garden</td>
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Emergency Contact
In the event of an emergency whom should we notify?
Name: ________________________________

Home phone: _______________________
Work phone: _______________________
Cell phone: _______________________  
E-mail: __________________________
Relationship: _____________________

Additional Information you would like to share with us: _______________________

________________________________________________________________________

By signing below, I attest that the information I have provided on the form is true and accurate.

Signature: ________________________ Date: ______________

If you have questions about any of the above, please contact 814-867-2591.

Please mail your completed form to the following address:

Volunteer Coordinator
The Arboretum at Penn State
209 Forest Resources Building
University Park, PA 16802
CONSENT, LICENSE AND RELEASE AGREEMENT

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I have read this Consent, License and Release before signing below, and I fully understand the contents, meaning, and impact of this Consent, License and Release. This Consent, License and Release shall be binding upon and inure to the benefit of my successors and assigns, and contains the entire understanding of the parties with regards to the Media and Materials.

I hereby represent that I am eighteen (18) years of age or older and I am competent to contract in my own name.

Name (print) _______________________________ Email (non PSU) _______________________________ Phone Number _______________________________

Signature _______________________________ Date _______________________________

I hereby certify that I am the parent and/or legal guardian of the above-named minor, and do hereby give my consent without reservation to Penn State on behalf of such minor child.

Name (print) _______________________________ Signature of Parent or Legal Guardian _______________________________ Date _______________________________