Volunteer Application





vame	Date					
Address						
City		State	Zip			
Home Phone	<u> </u>	Cell Phone				
-Mail Address						
NOTE: This application is for ongoi			· · · · · · · · · · · · · · · · · · ·			
Day(s) and Time(s) Available: (Exar	•		· · · · · · · · · · · · · · · · · · ·			
Nature Center hours are Tues – Fri	: 9am – 3 pm & Sa	t: 10 am – 4 pm; closed Su	unday & Monday			
Sunday: (closed except special events))	Thursday:				
Monday: (closed except special event	s)	Friday:				
Tuesday:	_	Saturday:				
Wednesday:		Other: (Specify)				
I prefer to volunteer:						
☐ Weekly ☐ Monthly ☐ At Home	☐ As needed ☐ O	ther (Please Define):				
If applicable, please list any healtl	n problems or conc	erns (including food or of	ther allergies):			
1 st . Emergency Contact:	Phone:	Relationship:				
2 nd . Emergency Contact	Phone:	Relationsh	Relationship:			
What skills or background can you cor ————————————————————————————————————	the Troy Nature Socie					
	JUOLIUIIIIHEST					
How did you learn of our volunteer op □ Friend □ Newspaper □ I	Flyer □ Stage	Nature Center Website	Other			
How did you learn of our volunteer op	Flyer □ Stage		Other			

Benefits to volunteering for the Troy Nature Society:

- Contribute your expertise to a great local natural resource!
- ➤ Meet new people | Gain personal growth | Build your resume
- > Learn about our connection with nature

THANK YOU FOR YOUR SUPPORT OF OUR MISSION!

Please $\underline{\checkmark}$ your desired areas of volunteer service.

BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM - Please sign!

Last Name:		First Name:		MI:		
Maiden Name:		City:		Zip Code:		
Date of Birth:	Age:	Gender:	FEMALE	MALE		
National Origin:	American Indian/Alaskan	Asian/Paci	fic Islander			
	☐ Black	White				
Name of TNS Representative: Louise Glazier						
I authorize the City of Troy to investigate my background as is determined necessary for the particular activity for which I am applying.						
∧ Signature (Pare	nt or guardian if under 18)		Date			
The above items are required to enable the City of Troy to conduct accurate background checks and will be used only for that purpose. The City of Troy fully supports and complies with the laws which are enacted to protect and safeguard the rights and opportunities of all people, without being subjected or exposed to harassment or discrimination of any kind, including age, national origin, sex, race, religious affiliation, color, heights, weight, physical disability or marital status. I furthermore understand that I am volunteering solely for the purpose of helping the Troy Nature Society (TNS) achieve its mission and goals of educating the public about ecology and natural history. I understand that TNS does not engage volunteers for community service, including court workers.						
I agree to abide by all the rules and regulations set forth by the TNS and the City of Troy as they relate to the position I am volunteering for and agree to return all equipment at the conclusion of the program. I herewith release and hold harmless the Troy Nature Society and the City of Troy from any and all claims by myself or my family or assignees, which may arise from performance of the duties, for which I am volunteering and while traveling to and from said duties. I understand that TNS and the City of Troy will indemnify me from any and all claims arising from the performance of the duties for which I am volunteering as long as I am following all the rules, regulations, and policies of the society, recreation department and City of Troy. I understand that TNS and the City of Troy has a zero-tolerance alcohol policy, to which I agree to abide when volunteering, as well as abstaining from any alcohol consumption before my scheduled volunteer time.						
I grant permission for my photo to be used in any promotional materials produced by the TNS including use in media releases and on the TNS website. I declare that the information provided on this application is true.						
~						

Please complete entire application, including 2 signatures: "Background Check Authorization and Release Form" and mail to:

Date

Signature (Parent or guardian if under 18)