



Individual Volunteer Application Form

www.strawberryhill.org
Email: info@strawberryhill.org
Fax: 717-642-5803

CONTACT INFORMATION

Name: _____
(Last) (First) (M.I.)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____ Birth Date _____

E-mail address: _____

Will you be volunteering to fulfill a service requirement? ____ Yes ____ No
If so, for what group/organization? _____ Hours Required _____

OBJECTIVE for volunteering with Strawberry Hill Nature Preserve is: _____

COMMITMENT I am interested in:

- Short-term Project ____ 1-2 Hours ____ ½ Day ____ 1 Day ____ Several Days
- On-going Partnership ____ Weekly ____ Monthly ____ Several times per year
____ Entire project

CONSIDERATIONS (please check all that apply and explain)

- ____ Age ____ Physical ____ Health ____ Mobility ____ Other

Please explain: _____

AVAILABILITY: Please indicate the best day(s) and time(s) for you

- Mon Tues Wed Thurs Fri Sat Sun: AM PM No Preference

Specific Date(s): _____ Specific Time(s): _____

SKILLS & INTERESTS (please rank top 5 categories, #1 being most interesting to you/your group)

- | | | |
|----------------------------------|------------------------|-------------------------|
| ____ Campus Maintenance | ____ Office Support | ____ Special events |
| ____ Community Outreach | ____ Park Watch | ____ Trail Maintenance |
| ____ Gardening/ Planting | ____ Program Assistant | ____ Website Management |
| ____ Nature Center – animal care | ____ Program presenter | ____ Weed Warriors |
| ____ Nature Center Host | ____ Research | |

Do you have any special skills or knowledge?:

Have you ever been convicted of a felony or Class A Misdemeanor? Yes No

If yes, please explain: _____

EMERGENCY CONTACT INFORMATION: (Individuals to be notified in case of emergency)

1. _____
 (Name) (Relationship) (Phone Number)
2. _____
 (Name) (Relationship) (Phone Number)

REFERENCES Please list Volunteer, work & personal references

	Agency Name & Address	Duties	Dates	Contact Person	Phone
1					
2					
3					

INDIVIDUAL VOLUNTEER POLICY

Please make certain you have read and agree to the following before signing

- Volunteers perform service without compensation and are not considered employees of Strawberry Hill Nature Preserve. Strawberry Hill Nature Preserve does not provide Worker’s Compensation or any other insurance coverage for volunteers. As a volunteer I will not attempt work that is beyond my abilities or for which I have not been assigned, trained, or authorized. I further understand that photographs may be taken at Strawberry Hill events and I give my permission to Strawberry Hill Nature Preserve to utilize my photographs in future publications, promotional materials and exhibits.
- Strawberry Hill Nature Preserve cannot guarantee volunteer placement. Strawberry Hill will make every effort to match volunteer applicants to volunteer opportunities based on the needs of the preserve and the interests and abilities of the volunteer.
- Strawberry Hill Nature Preserve employs a screening process for all volunteers based on the nature of the volunteer work and involvement level of the participant. Volunteers working with children or vulnerable populations, money, vehicles, data and information management, or in a supervisory capacity will be required to undergo a Background Investigation conducted by Strawberry Hill as a part of the screening process.
- Acceptance as a volunteer is contingent upon successful completion at all levels of screening.
- Strawberry Hill Nature Preserve reserves the right to reject a candidate for any reason which the staff, in its sole judgment, determines may affect the best interests of the preserve. Strawberry Hill reserves the right to withhold the reason(s) for such refusal.
- Strawberry Hill Nature Preserve accepts the service of all volunteers with the understanding that such service is at the sole discretion of Strawberry Hill. Volunteers agree that Strawberry Hill Nature Preserve and the Volunteer may at any time, for any reason, decide to terminate the volunteer’s relationship with the Preserve. Notice of such a decision should be communicated as soon as possible to the volunteer’s supervisor.

 (Signature of Applicant) (Date)

REQUIRED IF UNDER 18 YEARS OF AGE:

I certify that (name) _____, my son/daughter, is fully capable of participating as a volunteer without compensation and has my permission to be assigned and participate as a volunteer for Strawberry Hill Nature Preserve. I, the undersigned, hereby give permission for my child to participate in Strawberry Hill’s Volunteer Program and assume all risks and hazards incidental to the program. I also hold harmless Strawberry Hill Nature Preserve, its staff, and appointed assistants.

 (Age if under 18) (Signature of Parent or Guardian) (Date)

Return completed form to: Strawberry Hill Nature Preserve, Volunteer Program
 1537 Mount Hope Road, Fairfield, PA 17320