



Polk County Conservation

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www.leadingyououtdoors.org

VOLUNTEER APPLICATION

Name: _____ **Phone:** _____
Address: _____ **Wk Phone:** _____
City: _____ **State:** _____ **Zip:** _____
E-mail: _____ **Drivers Lic.** _____

Education

Highest level of education: high school ___ college ___ graduate school ___

Major courses: _____
Degree(s) received: _____
Vocational or special training: _____

Previous Experience/Skills (Include any experiences working with youth)

Work experience:

Volunteer experience:

Special skills, interests, hobbies:

Availability

How much time can you give?

Weekly

Monthly

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							

Type of Volunteer Work Desired

- Forestry, Natural Resources
- Environmental Education
- Construction Projects
- Fundraising

- Campground Host
- Equestrian Center, JPEC
- Office Duties
- Special Events

Corps of Recovery

- Steward, Co-Steward
- Adopt-a-Park
- Trail Ambassador

- Nest Box Monitor

Additional Information:

RELEASE OF CLAIMS

Volunteers sometimes agree to participate in activities that may involve some risk. Some examples include cleanup or maintenance of PCC grounds, working with education animals, operation of equipment, lifting heavy logs or bags of seed, or simply walking on slippery trails. Volunteers always have the right to refuse any task that they feel is unsafe. Additionally, PCC staff will take every reasonable precaution to ensure volunteer safety at all Polk County Conservation areas. However, volunteering can still pose some risks. Therefore, our staff needs to be informed of any and all physical, emotional, or health limitations of which you are aware that might place you at a greater risk than normal while participating in these activities. It is incumbent upon you to inform us of the nature of such limitations.

Consent and Release of Claims Statement

I have read, or had explained to me, and understand the preceding paragraph, and will complete the emergency medical form to the best of my knowledge. I agree to assume the risk of participation in the activities for which I agree to volunteer. Further, in consideration of being permitted to participate in PCC's Volunteer Program, I hereby release and waive any and all claims, demands, and causes of action which I now have, or may in the future have, against Polk County Conservation Board, its members, representatives, officers, agents, employees, or volunteers, for any bodily injury, including death, and/or damage to property, unless such injury, death, illness or loss is directly due to the gross negligence of Polk County Conservation or any of such persons. I will follow the safety directions of the PCC staff and exercise reasonable care in all activities in which I participate.

Printed Name

Date: _____

Signature (Parent if Minor)

References: Please list name and phone number of two personal references

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

How did you learn about PCC's volunteer program? _____

(For Staff Only)

Interviewed by: _____

Date: _____

Comments: _____

_____ Emergency Medical Form on file