



O'BRIEN COUNTY CONSERVATION BOARD VOLUNTEER APPLICATION

NAME: _____
Last First Middle Initial

ADDRESS: _____
Street City State Zip

DATE OF BIRTH: _____ **DRIVERS LICENSE NUMBER:** _____

EMAIL ADDRESS: _____

BEST PHONE NUMBER TO CONTACT YOU: _____

List any special skills, training, interests, or hobbies that you have that may be useful when volunteering:

What has been your past volunteer experience?

Please indicate the types of volunteer work which interest you (Check all that apply):

- Nature Center Volunteer Summer Camps/Youth Programming
 Event Volunteer Buildings & Grounds Office Volunteer

How often would you like to volunteer?

- Once a week Multiple times a month
 Once a month On an as needed basis

Days Available for volunteer work (Check all that apply):

- Sunday Monday Tuesday
 Wednesday Thursday Friday Saturday

Times Available to Volunteer (Check all that apply):

- Mornings Afternoons Evenings

Date you would be available to start volunteering: _____

Please list three references:

Full Name	Relationship to You	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACTS (List two):

Full Name	Relationship to You	Phone Number
_____	_____	_____
_____	_____	_____

PHOTO/MEDIA RELEASE

I, _____ (print name) give my permission to be photographed/videoed and give OCCB permission to use this media in advertisement, social media, newspapers, programs, etc.

Signature _____ **Date** _____

LIABILITY RELEASE AND WAIVER

I, _____ (print name) understand that my relationship with the O'Brien County Conservation Board or O'Brien County is that of a volunteer. I understand that there are certain risks associated with these volunteer activities such as insect bites, scratches, falls, or other injuries and illnesses. I hereby waive, release and forever hold harmless O'Brien County, its officers, employees, or agents from any and all claims arising from me or my minor children(s) volunteer activities with the O'Brien County Conservation Board department.

Signature _____ **Date** _____

BACKGROUND CHECK AND RELEASE

I, _____ (print name) hereby authorize O'Brien County Conservation Board to perform a criminal background check before I begin (or anytime during) my volunteer activities with the O'Brien County Conservation Board. I understand that the results of this background check may be used in determining my eligibility to participate as a volunteer for the O'Brien County Conservation Board.

Signature _____ **Date** _____

*O'Brien County Conservation Board is **NOT RESPONSIBLE** for any injury, including, without limitation, physical, mental, or economic injury suffered by any person engaged in volunteer service to O'Brien County Conservation Board, including, without limitation, injury caused by the negligence of O'Brien County Conservation Board or any of its employees, agents, or volunteers.*

We thank you for submitting an application. Some positions may not be currently available, but your application will be kept on file and you may be contacted as positions or opportunities become available.

Please Return This Application:

O'Brien County Conservation Board
4931 Yellow Avenue
Peterson, IA 51047

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act (PL 93-579, 5 U.S.C. 301 and 7 CFR 260), which authorizes acceptance of the information requested on this form. The data will be used to contact applicants and to interview, screen, and select them for volunteer assignments. Furnishing this data is voluntary.