

Sioux County Conservation Board

4051 Cherry Ave Hawarden IA 51023

(712) 552-1047 www.siouxcountyparks.org

Volunteer Request Form

Name		
Last	First	Middle Init
Address		
Street	City	State Zip
Date Of Birth /	Drivers License Number	
Email Address		
Cell #	Home #	
List any special skills, training	g, interests or hobbies that you have that i	may be useful when volunteering.
Volunteer experience		
Please indicate the types of vo	olunteer work which interest you. (Check ☐ Summer Camps ☐ Event Volunteer	all that apply)
How often would you like to	-	e a week □On an as need basis
Days available for volunteer v □ Sun □ Mon □ Tues	work (Check all that apply) □ Wed □ Thurs □ Fri □ Sat	
Date you would be available t Please list three professional		
Full Name	Relationship	Phone Number
1.		
-		
2.		

How did you hear about the SCCB volunteer program?			
Liability Release and Waiver			
I,	ner injuries and illnesses. I hereby waive, es or agents from any and all claims arising		
Signature	Date		
Background Check and Release	se		
I,	check may be used in determining my		
Signature	Date		
Sioux County Conservation is NOT RESPONSIBLE for any injury, in tal, or economic injury suffered by any person engaged in volunteer se cluding, without limitation, injury caused by the negligence of Sioux Coees, agents or volunteers.	ervice to Sioux County Conservation, in-		
Please return this application to:			
Sioux County Conservation Board			
4051 Cherry Ave			
Hawarden IA, 51023			
Please indicate any additional questions you may have here:			