



Sioux County Conservation Board

4051 Cherry Ave Hawarden IA 51023

(712) 552-1047

www.siouxcountyparks.org

Volunteer Request Form

Name _____
Last First Middle Initial

Address _____
Street City State Zip

Date Of Birth ____ / ____ / ____ Drivers License Number _____

Email Address _____

Cell # _____ Home # _____

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

Volunteer experience

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

- Nature Center Volunteer Summer Camps Event Volunteer

Nature Center Volunteers Only- Interest Areas (Check all that apply)

- Animal Care Buildings and Grounds Front Desk Interpretive Trail
 Program Development Teaching Naturalist Other _____

How often would you like to volunteer?

- Once a week Twice a week Three times a week Once a month On an as needed basis

Days available for volunteer work (Check all that apply)

- Sun Mon Tues Wed Thurs Fri Sat

Times Available to Volunteer (Check all that apply) Mornings Afternoons Evenings

Date you would be available to begin work ____ / ____ / ____

Please list three references

Full Name Relationship Phone Number

1. _____
2. _____
3. _____

How did you hear about the SCCB volunteer program?

Emergency Contacts

Full Name	Relationship	Phone Number
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1.

2.

Photo/Media Release

I, _____ (print name) give my permission to be photographed and give the SCCB permission to use those photographs in advertisement, programs, newspaper, social media, etc.

Signature _____ Date _____

Liability Release and Waiver

I, _____ (print name) understand that my relationship with the Sioux County Conservation or Sioux 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 Sioux County, its officers, employees or agents from any and all claims arising from my or my minor children(s) volunteer activities with the Sioux County Conservation department.

Signature _____ Date _____

Background Check and Release

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

Signature _____ Date _____

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

Please return this application to:

Sioux County Conservation Board
4051 Cherry Ave
Hawarden IA, 51023

Please indicate any additional questions you may have here:
