

**Please, send completed form to:**

Emily Enockson

Outreach and Events Manager

423 N Oakwood Ave Oconomowoc, WI 53066

ecenockson@gmail.com

(920) 988-8905

**Volunteer Application & Release Form**

|  |  |
| --- | --- |
| Name:  | Phone Number: |
| Address: | Birth Date: |
| E-mail: | T-Shirt Size:Small Medium Large X-Large XX-Large |
| Emergency Contact:  | Emergency Contact Phone Number: |

How did you hear about Zachariah’s Acres? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why would you like to volunteer at Zachariah’s Acres?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Areas:**

**\*Please circle your areas of interest:**

Set-up/Tear-Down

Children’s Activities

Registration

Refreshments

Fishing

Orchard & Gardens

Animals (chickens, quail…)

Service Projects

Prayer Team

**Volunteer Availability:**

**\*Please circle your availability.**

**Day Time Evenings/Weekends Special Events Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please list any experience you have working with children or children with special needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other community volunteer experience or special skills:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have current CPR or First Aid Training?: YES NO

Do you have any restrictions or special needs related to physical activity?: YES NO

Have you ever been convicted of a crime?: YES NO If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver and Release:**

I, the volunteer, release and forever discharge and hold harmless Zachariah’s Acres and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Zachariah’s Acres. I understand and acknowledge that this Volunteer Application and Release Form discharges Zachariah’s Acres from any liability or claims that I may have against Zachariah’s Acres with respect to bodily injury, personal injury, illness, death or property damage that may result from the services I provide to Zachariah’s Acres or occurring while I am providing volunteer services.

**Photographic Release:**

I grant and convey to Zachariah’s Acres all right, title and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by Zachariah’s Acres in connection with my providing volunteer services to Zachariah’s Acres.

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature (if under 18) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_

\*Your signature Zachariah’s Acres reserves the right to complete background checks.

**Thank you for your interest in Volunteering!**

If you have any questions please contact:

Emily Enockson (920) 988-8905 ecenockson@gmail.com