



Application for Volunteer Service

Date: _____

Age (if under 18): _____ *additional guardian permission required*

Name: _____ Preferred pronouns (optional): _____

Birthday (Month/Day): _____ I am: Employed Retired Student

Address: _____ Address Line 2 (Apt #, etc.): _____

City, State, Zip code: _____ Telephone: _____

E-Mail: _____

List any previous volunteer experience (place, dates of service, position held), and/or attach a resume:

How did you learn about volunteer opportunities with ASWP? Circle all that apply:

Current volunteer ASWP Media Attended a program other: _____

Rank volunteer positions (listed below) according to your interests. Additional clearances and background checks may be required. Some volunteer opportunities are seasonal.

Locations: Allegheny County: Beechwood Farms Nature Reserve (BFNR), Fox Chapel

Butler County: Succop Nature Park (SNP), Penn Township; Buffalo Creek Nature Park (BCNP), Sarver; & Todd Nature Reserve (TNR), Sarver

☐ Administrative Assistance ☐ BFNR ☐ SNP	☐ Outreach and Info Tables at Community Events (e.g., Community Days, festivals, etc.)
☐ Audubon Nature Store, BFNR	☐ ASWP Special Events (e.g., greeter/check-in, parking assistance) ☐ BFNR ☐ SNP ☐ BCNP ☐ TNR
☐ Native Plant Center, BFNR	☐ Conservation and Stewardship (e.g., nest monitoring, invasive species management) ☐ BFNR ☐ SNP ☐ BCNP ☐ TNR
☐ Environmental Education/Volunteer Naturalist (trainings and clearances required) ☐ BFNR ☐ SNP ☐ BCNP ☐ TNR	Trail Maintenance/Grounds (e.g., clearing trail, mulching, weeding) ☐ BFNR ☐ SNP ☐ BCNP ☐ TNR
Are you trained to handle wildlife? Yes / No if YES, from where is your certification: _____	☐ Fishing line collection bins

Mark Your Availability: ☐ Year-Round ☐ Summer Season (June-Aug.) ☐ Fall (Sept.-Dec.) ☐ Spring (Jan.-May)

Times/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Any time: 9am-5pm							
AM: 9-1pm							
PM: 1-5pm							
Evenings							

Are you available at least once a week? Yes No

We have many needs! List any skills, hobbies, special training, or interests that you may have (ex. handyperson, retail experience, video editing, computer programming, clerical experience, etc.):

List any medical restrictions, requirements, allergies, etc.:

EMERGENCY CONTACT

Name: _____ Relationship to you: _____

Address: _____ Address Line 2 (Apt #, etc.): _____

City, State, Zip code: _____ Telephone: _____

**We welcome volunteers of all abilities – please let us know what accommodations are helpful.
You may drop this application off in person at one of our ASWP sites, email it to volunteer@aswp.org, or
mail to: Succop Nature Park, 185 West Airport Road, Butler, 16002.
Thank you for your interest and support!**

Health Statement

I certify that I am physically able to participate in volunteer activities and have disclosed any relevant medical conditions or limitations (if applicable)

Acknowledgment of Risk

I understand that participation in volunteer activities with the Audubon Society of Western Pennsylvania ("ASWP") may involve physical activity, outdoor conditions, interaction with tools, wildlife, and uneven terrain, and may carry inherent risks including injury, illness, property damage, or other hazards.

Assumption of Risk and Release

In consideration of being allowed to participate, I voluntarily assume all risks associated with my participation. I hereby release, waive, discharge, and hold harmless ASWP, its directors, officers, employees, and agents from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained while participating in volunteer activities, whether caused by negligence or otherwise, to the fullest extent permitted by Pennsylvania law.

Medical Treatment Authorization

I authorize ASWP to assist with my treatment to the extent of their training, and I authorize ASWP to obtain emergency medical treatment for me, if necessary. I understand that I am responsible for any costs associated with such treatment.

Photo and Media Release

I grant permission for ASWP to use photographs, video, or other media of me taken during volunteer activities for educational, promotional, or fundraising purposes without compensation. Initial here: YES _____ or NO _____

Code of Conduct

I agree to follow all ASWP policies, safety guidelines, and instructions provided by staff. I understand that failure to do so may result in dismissal from volunteer activities.

Acknowledgment and Signature

I have read this waiver, fully understand its terms, and sign it freely and voluntarily.

Applicant's Signature _____ Date: _____

I consent to the above-named minor's participation and agree to all terms of this waiver.

*Minor Volunteers (under 18) Guardian's Signature _____ Date: _____

ASWP STAFF USE

Date received: _____ Staff: _____ Status/Notes: _____

Department Contact: _____ Date: _____