



Volunteer Responsibility Agreement, Use of Image, and Permission for Background Check

Legal Name
(print):

Address:

Date of Birth:

Phone (Home)*:

Cell*:

Email*:

Emergency Contact (name, relationship and phone number)*:

Name	Relationship	Phone Number
1)	1)	1)
2)	2)	2)

Allergies, Medical Conditions, or Medications that ACNC staff should be aware of (optional)*:

**if any of this information changes, please notify the ACNC Volunteer Coordinator*

Please read the following and sign on the back

In consideration of my acceptance as a volunteer at Audubon Community Nature Center, I state and agree as follows:

- I agree to follow the instruction of the Volunteer Coordinator and Staff Supervisor at all times.
- Before I undertake any volunteer activities, I agree to seek instruction related to the activity including instruction related to any equipment I will be using.
- I understand that any volunteer work I will be performing must be approved by the Volunteer Coordinator and or Staff Supervisor.
- I understand that there may be possible dangers associated with the activities that I may undertake, including but not limited to those associated with bodies of water (both stationary and flowing), vehicular traffic, equipment (both powered and non-powered) and interaction with other individuals.
- I understand that volunteering may involve sustained strenuous physical activity.
- I understand that ACNC will conduct background check(s) on me now and as long as I continue to be active with the organization, which may include sex offender registries, criminal history and

child abuse records. I understand my acceptance as a volunteer is conditional upon receipt of these records and the information they contain therein. (Volunteers age 18 and above only).

- I agree that I am volunteering at my own risk, and acknowledge that I am not relying on any representation or warranty either expressed or implied that Audubon Community Nature Center has made regarding the safety of the activities in which I might be involved with as a volunteer.
- I understand that I am not covered for medical benefits under worker's compensation insurance. I agree that Audubon Community Nature Center has no responsibility for medical care provided to me, and I agree to pay all costs associated with such medical care and transportation.
- I authorize Audubon Community Nature Center the absolute right and permission to use my image [photograph(s)] in its promotional materials and publicity efforts. I understand the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (video, internet) or other forms of promotion. I release Audubon, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

I do **not** authorize Audubon Community Nature Center to use my image (photograph(s) or video(s) for its promotional materials and publicity efforts.

By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true. I understand that this information will be kept on file by the Audubon Community Nature Center, and that my information will not be shared.

Volunteer Signature

Date

If under the age of 18, Parent/Guardian Signature

Date

ACNC Sexual Harassment Policy

New York State requires all places of employment to have a sexual harassment policy in place. Anyone who is associated with a place of employment is to read the policy and sign a document acknowledging that they have read, understood, and agree to the policy's conditions. Once you have read the provided copy of the policy, please sign below.

Volunteer Signature

Date

For Office Use Only:

Received from Volunteer (Date): _____

Receipt of Background Check Information (Date): _____