

Volunteer Information and Release Form

Thank you for your help! Volunteers play an important role in achieving our mission and we appreciate your time and interest.



OUR MISSION

The Arkansas Natural Heritage Commission (ANHC) was created to establish and manage a system of natural areas, to create an inventory of rare species and natural areas, and to promote the conservation of Arkansas's natural heritage.

ABOUT US

The ANHC protects and manages some of the best and last examples of Arkansas's natural landscape for future generations. We are also the central clearinghouse for information on Arkansas's most at-risk plants and animals and provide technical assistance for land management.

REQUIREMENT FOR BECOMING A VOLUNTEER

- Volunteers must share an interest in achieving our mission
- Volunteers must be willing to follow organization policies and procedures
- Volunteers must complete the Volunteer Information Form and Volunteer Release Form (page 2)
- A guardian must sign the volunteer release form for any volunteer under the age of 18

PERSONAL INFORMATION (please print)

First Name _____ Last Name _____ M.I. _____ Date _____

Street _____ City _____ State _____ Zip Code _____ County _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Are you volunteering to meet a school or professional requirement? Yes No

When are you available to volunteer? Weekdays Weekends

What time are you available? Mornings Afternoons All Day

Skills _____ Interests _____

EMERGENCY CONTACT (please print)

Contact Name _____ Relationship _____

Contact Phone Number(s) _____

VOLUNTEER RELEASE FORM

VOLUNTEER AGREEMENT

I wish to volunteer my time in support of the Arkansas Natural Heritage Commission's (ANHC) mission. I understand that as a volunteer for the ANHC that my knowledge, skills, and abilities are important to the operation

I understand and agree that my hours worked for the ANHC are voluntary and unpaid and without compensation, benefits or consideration of any kind, and that I must follow all ANHC policies and procedures. I also understand that my volunteer assignment may be terminated at any time for any reason at the discretion of the volunteer coordinator or other supervisor.

LIABILITY RELEASE

My participation as a volunteer with the ANHC is strictly on a volunteer basis, and I understand that the ANHC is under no obligation to provide any insurance against injury or bodily harm. Furthermore,

I understand that each volunteer is expected and encouraged to obtain his or her own medical or health coverage. I hereby assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause, related to or arising from my participation as a volunteer for ANHC, and release, indemnify and hold harmless ANHC, its officers, directors and employees, from any and all liability in connection with any claim, suit, injury, damages, loss, and liability related to or arising from my capacity as a volunteer. I specifically acknowledge that I am assuming the entire risk of volunteering, and this release is a complete and comprehensive release of any and all negligence, including gross negligence, and any and all other liability.

MARKETING RELEASE

I understand that effective public relations are important to the success of any organization. Therefore, I hereby give my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof or for damages by reason thereof, to use, publish, republish, or exhibit in the furtherance of its work, with or without identification of me by name, the photographs, videos, or disseminate statements referring to me in my capacity as a volunteer, if ANHC so desires, and to authorize any newspaper, company or other organization to use said materials with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of ANHC and any of its activities.

VOLUNTEER SIGNATURE

By signing this document, I understand and agree to the terms and conditions stated above.

Volunteer Signature _____ Date _____

PARENTAL CONSENT/RELEASE (required if volunteer is under the age of 18)

On behalf of my child and myself, I join in this Volunteer Release Form, including the Liability Release and the indemnification for my child's participation as a volunteer.

I, _____ and _____ (print parents or guardian name), give consent for _____ (print minor's name) to volunteer for the ANHC.

Parent or Guardian Signature _____ Relationship to Minor _____

Additional Parent Signature _____ Relationship to Minor _____

Minor Volunteer Signature _____ Date _____

Please fill out and return both pages to Brian Mitchell by mail to: 1100 North Street, Little Rock, AR 72201, fax 501-324-9618, or email brian.mitchell@arkansasheritage.org .