



# Martha Lafite Thompson Nature Sanctuary

407 N. La Frenz Rd., Liberty, MO 64068

(816) 781-8598—Fax: (816) 781-7210

E-mail: info@naturesanctuary.com

Website: www.NatureSanctuary.com

## Volunteer Liability Waiver, Photo Permit and Emergency Information

Please **print** clearly.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone—Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email if you would like to receive electronic notices \_\_\_\_\_

I understand that MLTNS, in compliance with State law, conducts background checks, including reference and criminal background on all volunteers, to insure the safety of the clients in our program. \_\_\_\_\_ (Initial)

◆ Have you ever been convicted of a crime.  Yes  No Explain: \_\_\_\_\_

I recognize the potentially hazardous nature of volunteering in programs and activities. \_\_\_\_\_ (Initial)

### Liability Wavier

I now release the Martha Lafite Thompson Nature Sanctuary, its employees, agents and assigns for any personal injuries or damages to property caused by or having any relation to this activity. I understand this release applies to any present or future injuries and that it binds my heirs, executors and administrators.

### Photo Permit

I authorize Martha Lafite Thompson Nature Sanctuary to take photographs and/or video to be used in print, online or TV. I understand these pictures will be used for public relations only and children under the age of 17, and adults upon request, will not be named or otherwise identified in the publications. **Adults over 17:** Please initial if you do not want to be named or identified in publications \_\_\_\_\_.

I have read this release and understand all of it's terms. I sign it voluntarily and with full knowledge of its significance. I certify that all information provided on this application is true and complete. I understand that falsification or significant omissions of any information may be considered justifications for dismissal if discovered at a later date. I authorize the release of information requested from references, by my signature.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian if under 17

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
State of Birth

# REFERENCES

Reference #1

Reference #2

Name		
Street address		
City, State, Zip		
Phone		
E-Mail		

## Emergency Contact / Health Information

Name(s): of Parent(s) / Guardian(s) / Other Emergency Contacts:

1) \_\_\_\_\_ Phone \_\_\_\_\_

2) \_\_\_\_\_ Phone \_\_\_\_\_

3) \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

List any allergies (food, animals, environmental, etc.) that may affect your job performance.

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List and medications you will need to take during work hours. Our staff cannot administer medication, but will hold appropriately marked containers.

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List any other health related issues which may affect your job performance.

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List any other special concerns or needs of which the staff may need to be aware.

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**Copy of photo ID required**



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### For Staff Use

Date application received \_\_\_\_\_

Date applicant contacted \_\_\_\_\_

Interview date \_\_\_\_\_ By \_\_\_\_\_

Outcome \_\_\_\_\_

## Volunteer Application

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Phone—Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-Mail: \_\_\_\_\_ School or Employer: \_\_\_\_\_

Age (circle one) 13-17      18-25      26-50      50+

### AVAILABILITY

	Morning	Afternoon	Evening	
Monday	_____	_____	_____	<input type="checkbox"/>
Tuesday	_____	_____	_____	<input type="checkbox"/> Spring
Wednesday	_____	_____	_____	<input type="checkbox"/> Summer
Thursday	_____	_____	_____	<input type="checkbox"/> Fall
Friday	_____	_____	_____	<input type="checkbox"/> Winter
Saturday	_____	_____	_____	<input type="checkbox"/> Year Round

### WORK EXPERIENCE

Describe any work, school, volunteer experience or other relevant experience that would benefit you as a volunteer at Martha Lafite Thompson Nature Sanctuary. Check all appropriate boxes below that pertain to your experience:

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

- |  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Working with children | <input type="checkbox"/> Botany/plant identification | <input type="checkbox"/> Bird watching    | <input type="checkbox"/> Astronomy   |
| <input type="checkbox"/> Education             | <input type="checkbox"/> Wildlife identification     | <input type="checkbox"/> Public Speaking  | <input type="checkbox"/> Animal Care |
| <input type="checkbox"/> Drama/Theater         | <input type="checkbox"/> Geology/Fossils             | <input type="checkbox"/> Land Stewardship | <input type="checkbox"/> Clerical    |
| <input type="checkbox"/> Computer maintenance  | <input type="checkbox"/> Artistic Talent             | <input type="checkbox"/> Gardening        | <input type="checkbox"/> Carpentry   |

### Volunteer Projects and Position

Please indicate in which volunteer areas you are interested. (\*Contact the naturalist regarding training opportunities).

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Newsletter assembly  | <b>Volunteer Naturalist (Training required*)</b>                     | <b>Art Projects</b>  |
| <input type="checkbox"/> Weekday reception    | <input type="checkbox"/> E.G.A.D.S. Summer Camp                      | <input type="checkbox"/> Craft preparation                   |
| <input type="checkbox"/> Saturday reception   | <input type="checkbox"/> Weekday School Programs                     | <input type="checkbox"/> Indoor display                      |
| <input type="checkbox"/> Clerical             | <input type="checkbox"/> Scout programs                              | <input type="checkbox"/> Murals                              |
| <input type="checkbox"/> Computer maintenance | <input type="checkbox"/> Birthday parties                            | <input type="checkbox"/> Signs                               |
| <input type="checkbox"/> Banking              | <input type="checkbox"/> Off-Site programs                           |  |
| <input type="checkbox"/> Carpentry            | <b>Special Events</b>  | <input type="checkbox"/> Animal care<br>(Training required*) |
| <input type="checkbox"/> Trail maintenance    | <input type="checkbox"/> Fairy Tale Forest (October)                 | <input type="checkbox"/> Stream Team                         |
| <input type="checkbox"/> Mowing               | <input type="checkbox"/> Elves' Workshop (December)                  | <input type="checkbox"/> Project FeederWatch                 |
| <input type="checkbox"/> Gardening            | <input type="checkbox"/> Liberty Heritage Festival/Fall Festival     |  |
| <input type="checkbox"/> Painting             | <input type="checkbox"/> Garden Tour (June)                          |  |
| <input type="checkbox"/> Machine maintenance  |  |  |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> I'm Flexible-call me for new opportunities! |  |

I certify that the above information is true and complete to the best of my knowledge. I authorize representatives of Martha Lafite Thompson Nature Sanctuary to perform a criminal background check on me and to examine, copy or receive any records pertaining to me regarding convictions or driving records and I hold harmless, anyone involved, from any liability, for any damage whatsoever, for issuing such information.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent or guardian signature if under age 18 \_\_\_\_\_