

Blair County Conservation District Volunteer Participation Form

Name: _____ Date: _____

Address: _____

Phone: Home: _____ Cell: _____

E-mail: _____

Do you currently have PA Child Abuse History Clearance to be with School Children?
(A copy of the clearance may be required to be provided to the Blair County Conservation District)

Yes No

Emergency Contact Information:

Name: _____

Address: _____

Phone: Home: _____ Cell: _____

Work: _____ Other: _____

E-mail: _____

Do you have any Allergies (**latex**, Medication, bees, animal allergies, etc)? _____

I affirm that the above information is true. I also affirm that I am Volunteering my time and services to the Blair County Conservation District of my own free will and accord. I understand that by volunteering, I will not hold the BCCD liable for anything that may occur to me while volunteering. I am not obligated to provide any service that I do not freely agree to do. I also understand that I have no expectation of receiving any payment for my volunteer services.

Signed: _____ Date: _____

Parent/Guardian Signature if under 18 years of age:

Signed: _____ Date: _____

Printed name: _____ Relationship: _____