

## 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: \_\_\_\_\_