



Forest ReLeaf of Missouri Volunteer Group Application

GROUP INFORMATION

Group Name _____ Date _____

Contact Person _____

Address _____

City, State, Zip _____

Phone () _____ Alternate Phone () _____

E-mail _____

- Group Type (*check one*)
- | | |
|--|--|
| <input type="checkbox"/> Youth Group | <input type="checkbox"/> College Group |
| <input type="checkbox"/> Environmental Group | <input type="checkbox"/> Religious Group |
| <input type="checkbox"/> Corporate Group | <input type="checkbox"/> Elementary/Secondary School Group |
| <input type="checkbox"/> AmeriCorps | <input type="checkbox"/> Other _____ |

VOLUNTEERING INFORMATION

Why is your group interested in volunteering with Forest ReLeaf? (*check all that apply*):

- | | |
|--|---|
| <input type="checkbox"/> School requirement | <input type="checkbox"/> Learn more about the cause |
| <input type="checkbox"/> Contribute to community | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Other _____ | |

How did you hear about Forest ReLeaf ? _____

Some volunteers work outdoors with mulch and heavier equipment. Do members of your group have any health conditions (i.e., allergies, asthma) that might affect their volunteer work? If yes, please explain (we will make accommodations for volunteers who have special needs):

What time of year is your group available to volunteer?

- | | | | |
|---------------------------------|---------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Spring | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Winter |
|---------------------------------|---------------------------------|-------------------------------|---------------------------------|

We understand that as a group volunteering with Forest ReLeaf of Missouri, the nature of our volunteer activities may involve physical activity, contact with unidentified and unfamiliar persons, travel to and from various unspecified locations, and other potential risks of injury. With full knowledge of the risks associated with such volunteer activities, we hereby release, indemnify and hold harmless Forest ReLeaf of Missouri and respective employees, officers, directors, volunteers, agents, agencies, and funding sources from all liability and responsibility pertaining to any claims, demands and actions resulting from our participation in such volunteer activities, including claims, demands and actions resulting from injuries, physical or mental, or property damage (including any injury or damage caused by negligence). We also grant Forest ReLeaf of Missouri permission to utilize the likeness of group members in any photographs or videos for publicity and other purposes without fee or any claim relating to such photographs or videos.

Signature of Contact Person

Date

Forest ReLeaf of Missouri
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(314) 533-0016 fax
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