



Forest ReLeaf of Missouri Volunteer Application

PERSONAL INFORMATION

Name _____ Date _____

Home Address _____

City, State, Zip _____

Home Phone (____) _____ Mobile/Pager (____) _____

Current or Past Employer _____

Work Address _____

City, State, Zip _____

Work Phone (____) _____ E-mail _____

Can you be contacted at work? YES NO If yes, what are your work hours? _____

What is your preferred mailing address? HOME WORK

Are you a student? YES NO If yes, what school do you attend? _____

In case of emergency, please contact:

Name	_____
Address	_____
City, State, Zip	_____
Home Phone	_____
Work Phone	_____
Relationship	_____

VOLUNTEERING INFORMATION

Why are you interested in volunteering with Forest ReLeaf? (check all that apply):

- School requirement Networking opportunities Learn more about the cause
- Court-ordered community service Contribute to community Fun
- Other _____

How did you hear about Forest ReLeaf? _____

All information will be kept confidential.

Previous volunteer experience (please list the organizations and briefly describe duties):

Please list any special skills and/or areas of expertise you have:

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

Which program(s) or area(s) are you interested in volunteering for? (check all that apply)

- Project CommuniTree Priority ReLeaf TreeKeepers
- Missouri Forestkeepers Network General Office

How many hours would you like to volunteer? each week _____ each month _____

How long do you plan to volunteer? _____

Please indicate the days/times you are generally available to volunteer (place an "X" in the appropriate boxes):

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Morning						
Afternoon						
Evening						

If you must complete court-ordered community service:

How many hours are you required to complete? _____

What is your deadline for completion? _____

By signing this, I verify that the above information is correct to the best of my knowledge. I also give Forest ReLeaf of Missouri permission to contact the person listed as my emergency contact in the event of an emergency and to contact my current or past employer for a reference.

Signature of Volunteer

Date

I understand that as a volunteer with Forest ReLeaf of Missouri, the nature of my 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, I 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 my 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). I also grant Forest ReLeaf of Missouri permission to utilize my likeness in any photographs or videos for publicity and other purposes without fee or any claim relating to such photographs or videos.

Signature of Volunteer

Date

Please Print Name

Forest ReLeaf of Missouri
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(314) 533-0016 fax
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