

Friends of Silverwood County Park Volunteer Application

Name: _____ Date: _____

Preferred Pronouns _____ Date of Birth: _____

(she/her/hers, he/him/his, they/them/theirs, ze/hir/hir, just your name, etc.)

Address: _____ State: _____ Zip code: _____

City: _____ Occupation: _____

Phone (main): _____ Phone (secondary): _____

E-mail: _____

Your e-mail may be used to send confirmations and reminders for volunteer work days you commit to, as well as notifications for potential volunteer opportunities.

If you would also like to sign-up for our other e-letters, please check what interests you below:

_____ *Featuring: Silverwood Highlights* _____ *Special Events & Workshops*

Best way to reach you (in the case of bad weather, illness, etc.): _____

Emergency contact: _____ Phone: _____ Relationship: _____

How did you hear about Silverwood Park? _____

If applicable, please list any health concerns or limitations (including allergies, mobility, etc.):

Check your areas of interests for volunteering at Silverwood Park:

- _____ Gardening (planting, weeding, watering, harvesting, etc.)
- _____ Cleaning of Homestead Buildings
- _____ Farm Building Maintenance (painting, repairs, etc.)
- _____ Oak Savanna Restoration & Woods Management (chainsaw or chemical certifications helpful)
- _____ Invasive Species Management (thistle, garlic mustard, etc.)
- _____ Orchard Care (pruning, grafting, etc)
- _____ Trail Maintenance (requires equipment use training)
- _____ Special Event Help (mushroom inoculating workshop, barn dances, harvest fest, etc.)
- _____ Communication or Education (signage, teaching, assisting, etc.)
- _____ Board Member or Leadership Roles
- _____ Whatever is Most Needed
- _____ Other: _____

Silverwood County Park
771 Silver Lane P.O. Box 304 Edgerton, WI 53534
www.silverwoodpark.org volunteer@silverwoodpark.org



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Do you have any special skills, knowledge, or experience that you would be willing to share?

Please check if you are certified in any of the following:

Chainsaw Safety through FISTA (Forest Industry Safety Training Alliance)

Land Steward through Dane County

Other: _____

We may ask you to provide proof or fill out additional waivers to do applicable work around the park.

Please list your availability for volunteering, such as, what days or times would work for you, and how often you would like to volunteer.

Why would you like to volunteer at Silverwood?

Do we have your permission to use your above response in promotional materials for Silverwood? Yes No

FoSP Volunteer Agreement

Thank you for agreeing to join the many people who volunteer their time and talent to Silverwood Park each year. Your service is integral to our success. Please read the following carefully, and sign where indicated.

I, _____, (referred to as “the Volunteer” throughout the rest of this document) and Friends of Silverwood Park agree to the following terms:

Please print clearly your full name here

The Volunteer may expect the following from Friends of Silverwood Park:

- Friends of Silverwood Park will respect the Volunteer and show appreciation for the Volunteer’s activities
- Friends of Silverwood Park will provide the Volunteer with clearly defined description of the Volunteer’s duties
- Friends of Silverwood Park will facilitate a cooperative working relationship between and among Friends of Silverwood Park staff, board and other volunteers, and will provide appropriate supervision and direction, as needed.

Friends of Silverwood Park may expect the following from the Volunteer:

- The Volunteer will perform their volunteer duties in a professional manner under the direction and control of the Friends of Silverwood Park board or designee
- The Volunteer will work according to a mutually agreeable schedule, but if something comes up that prevents them from working, the Volunteer will notify their supervisor as soon as possible.
- The Volunteer will contribute to a cooperative working relationship between and among Friends of Silverwood staff, and other volunteers.
- The Volunteer will comply with established policies and procedures, including safety rules.
- The Volunteer will be required to pass a background check if their work will involve directly working with children. The Volunteer agrees to provide applicable information to complete such a check.

FoSP Volunteer Agreement

Insurance:

- The Volunteer understands that their services are being offered on a voluntary basis without anticipation of financial remuneration. As a non-employee, the Volunteer understands that they do not qualify for worker compensation benefits if injured while performing volunteer work, and that they should have personal medical insurance.
- If the Volunteer drives a motor vehicle as part of their Volunteer duties, the Volunteer understands that they must have a valid Wisconsin driver's license and that Friends of Silverwood Park is not responsible for any damage to the vehicle which may occur during their volunteer services, and therefore, the Volunteer should have personal car insurance under these circumstances.
- The Volunteer understands that Friends of Silverwood Park carries general liability insurance and may be eligible for legal defense and indemnification by Friends of Silverwood Park if someone brings a claim against them based upon services performed by the Volunteer in good faith for Friends of Silverwood Park.
- The Volunteer understands and accepts any and all risks attendant to volunteering for the Friends of Silverwood Park, and agree to indemnify, release, and hold harmless Friends of Silverwood Park, its board and officers, advisors, contractors, and employees from and against all claims, demands, loss or liability of any kind or nature for any possible injury (including but not limited to personal injury and/or death) incurred while providing services under this agreement.

The Volunteer grants permission for their photo to be used in any promotional materials produced by the Friends of Silverwood Park, Dane County Parks, or partners.

Either party may terminate this Agreement at any time for any reason with notice to the other party. The parties agree that this is their entire agreement, and no agreement, oral or written, exists outside of this document.

Signature

Date

FoSP Volunteer Agreement

PARENTAL CONSENT FOR VOLUNTEERS UNDER AGE 18

This is to certify that I am the parent or guardian with legal responsibility for this child-volunteer, and that I agree with and consent to this child-volunteer's compliance with this Agreement, including, but not limited to, this child-volunteer's release as provided above, and for myself, my heirs, assigned, and next of kin, release and agree to indemnify and hold harmless Friends of Silverwood Park, its board and officers, advisors, contractors, and employees from and against all claims, demands, loss or liability of any kind or nature for any possible injury (including but not limited to personal injury and/or death) incurred while this child-volunteer is providing services under this Agreement.

Volunteer's Parent/Guardian:

Print Parent/Guardian Name

Relationship to Child-Volunteer

Parent/Guardian Signature

Date

Please mail this form to the address below, or scan and email to: volunteer@silverwoodpark.org

Friend of Silverwood Park
P.O. Box 304
Edgerton, WI 53534

Thank you for volunteering with Friends of Silverwood Park!

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