

Volunteer Application

Updated 6/25/24



Please print clearly.

Contact Information

Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____

Emergency Contact Name _____

Emergency Contact Phone # _____ Relationship to you (optional) _____

Employment and Volunteer Information

Please list your 2 most recent jobs & volunteer experiences

Employer _____ City _____ State _____ From _____ to _____

Employer _____ City _____ State _____ From _____ to _____

Volunteer Experience _____ City _____ State _____ From _____ to _____

Volunteer Experience _____ City _____ State _____ From _____ to _____

Educational Information

Are you in school now? Yes No

If yes, list name of school & highest grade level completed _____

List your Major & Professor's name (if for school credit) _____

Are you volunteering to fulfill a commitment or requirement (school, work, other)? Yes No

If yes, list number of hours required and the date your hours need to be completed by. _____

Areas of interest (check all that apply)

Reception Desk / Visitor Greeter Land Stewardship / Gardening

Trash Pick-up Capstone student

Other If other, please list: _____

Commitment/Availability

Please check which of the following you are interested in:

Single Day Less than 1 month

Short Term Assignment (1-6 months) Long Term Commitment (6 months or more)

Weekend Availability _____

Week Day Availability _____

Personal and Professional References (i.e. work supervisor, teacher, faculty member. Listed references may be contacted.)

Name _____ Phone _____ Email address _____

Name _____ Phone _____ Email address _____

Name _____ Phone _____ Email address _____

Please summarize any special skills and/or qualifications you have acquired through school, employment, previous volunteer experience, or other activities, including hobbies or sports. Use additional paper if needed.

Do you need any accommodations? Please describe. Use additional paper if needed.

If you are accepted into The Nature Place Volunteer Program, you are agreeing to the following:

1. I understand that if selected as a volunteer, I will support the mission of The Nature Place.
2. Volunteer positions for individuals over 18 are contingent on a background check. If you are under age 18, a parent or guardian must also sign this application form.
3. Volunteers providing services to The Nature Place understand that they are not paid employees of The Nature Place.
4. Volunteers will hold harmless WisCorps, Inc. DBA The Nature Place, its employees and sponsors, from any and all liability resulting from any personal injury received during the course of their volunteer activities.
5. Volunteers give their permission to WisCorps, Inc. DBA The Nature Place to use their name and/or picture in news stories, newsletters, news releases, etc. to help promote The Nature Place and/or WisCorps.
6. Youth under age 16 must have a parent or legal guardian accompanying them at all times while completing volunteer service at The Nature Place.
7. Volunteers will be automatically added to our Nature Place newsletter and may opt out anytime.
8. By signing this document, you are agreeing to the above conditions.

I have read, understand, and agree to abide by the above policies.

Applicant's signature _____ Date _____

Parent/Guardian's signature _____ Date _____

If under age 18, a parent/guardian's signature is also required.

COVID-19 Assumption of Risk & Protocol

WisCorps, Inc. DBA The Nature Place has put in place preventative measures to reduce the spread of COVID-19; however, WisCorps, Inc. DBA The Nature Place cannot guarantee that you will not become infected with COVID-19 while serving as a volunteer. Further, it is possible that serving as a volunteer for WisCorps, Inc. DBA The Nature Place could increase your risk of contracting COVID-19. By volunteering on-site (in or around The Nature Place), you voluntarily assume all risks related to exposure to COVID-19.

All The Nature Place volunteers using the building, barn, or associated property will self-monitor for respiratory symptoms and risk factors as a precautionary measure to reduce the spread of COVID-19 and to minimize potential risks to other volunteers, staff, and partners. **Volunteers who are exhibiting one or more symptoms of COVID-19 are required to stay home.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by volunteering with WisCorps, Inc. DBA The Nature Place and that such exposure or infection may result in personal injury, illness, permanent disability, or death.

I attest to the following:

1. I have not traveled to an area highly-impacted by COVID-19 within the United States or internationally within the last 14 days.
2. I do not believe that I've been exposed to any person who has a suspected or confirmed case of COVID-19 within the last 14 days.
3. I am not experiencing any symptoms of COVID-19, including, but not limited to:
 - Fever over 100.4 F
 - Muscle pain
 - Cough
 - Headache
 - Shortness of breath
 - Sore throat
 - Chills
 - New loss of taste or smell
 - Repeated shaking with chills
 - Changes to mental health or well-being
4. I have not been diagnosed with COVID-19 or if I have been diagnosed, I have been cleared by a medical professional to return to work.
5. I agree to follow WisCorps' COVID-19 policies and understand that I may request a print copy of the policies at any time.

I HAVE READ, UNDERSTOOD, AND AGREE TO ABIDE BY THE POLICIES OUTLINED IN THIS DOCUMENT.

I certify that the information in this application is true and accurate to the best of my knowledge.

Applicant's signature _____ Date _____

Parent/Guardian's signature _____ Date _____

If under age 18, a parent/guardian's signature is also required.

Application may be emailed to staff@natureplacelacrosse.org or mailed to The Nature Place, 789 Myrick Park Drive, La Crosse, WI 54601. Contact us with questions at 608-860-6864 or staff@natureplacelacrosse.org.

WisCorps, Inc. DBA The Nature Place provides equal employment and volunteer opportunities without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran per applicable federal, state, and local laws. We are committed to assuring equal employment opportunity and equal access to services, programs, and activities for persons with disabilities. If you have a disability, and need to access information in an alternative format, or need it translated into another language, please contact us at 608-782-2494, by email at staff@wiscorps.org or Wisconsin Relay 711.