



Paul Smith's College VIC Volunteer Application

Thank you for your interest! A VIC staff member will contact you after the form is processed to review our volunteer manual, available roles, and your schedule. The last step before volunteering is reviewing our manual and signing the Acknowledgement and Release Form.

PERSONAL INFORMATION

Full Name:

_____ *Last* _____ *First* _____ *M.I.*

Address:

_____ *Street Address* _____ *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone:

() _____

Cell Phone:

() _____

Application Date: ____/____/____ Email: _____

Emergency Contact Name/Number: _____

You must be at least 14 to volunteer. Volunteers under 18 must have a parent/guardian complete the consent form attached to this application.

VOLUNTEER INTERESTS

The information requested below will help us learn more about you and which roles might be a great fit for you.

Tell us a little bit about yourself and why you're interested in volunteering at the VIC.

I am interested in the following volunteering roles:

- | | | |
|---|---|---|
| <input type="checkbox"/> Visitor Information Desk | <input type="checkbox"/> Trail Maintenance | <input type="checkbox"/> Educational Programs |
| <input type="checkbox"/> Butterfly House care & grounds | <input type="checkbox"/> Butterfly House Programs | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Maple Sugaring Operation | <input type="checkbox"/> Writing content (website, newsletters) | <input type="checkbox"/> Other: _____ |

SKILLS

Are you familiar/experienced in the Adirondack Park regarding general directions and knowledge of the area? _____

Technology: Are you familiar or comfortable with
____ iPads ____ Microsoft Word ____ Internet ____ Facebook

Please describe your level of training and/or experience for the following:

First Aid Certification/CPR: _____

Adirondack Natural History: _____

Customer Service: _____

Trail Work/Maintenance: _____

Butterfly Identification and Care: _____

Gardening: _____

Writing: _____

Other: _____

What other special interests or skills do you have that might help us best match you with our current volunteering opportunities? _____

If you have a resume or other materials that might be useful for the VIC to determine the best role for you, please send them along with this application.

AVAILABILITY

Check or circle all that apply.

____ Year-round ____ Summer only ____ Winter Only ____ On-call

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

9:00 am – 1:00 pm shift 1:00 pm – 5:00 pm shift Other times: _____

By completing and submitting this application, I hereby certify, understand, and agree that I am applying for a position as a volunteer, as that term is defined by the Fair Labor Standards Act, and that any services that I may provide to the Paul Smith's College VIC (VIC) will be rendered solely in my capacity as a volunteer, and free from coercion or duress. I further certify, understand, and agree that, in consideration for my services as a volunteer, I will receive no compensation, wages, earnings, or benefits from Paul Smith's College or the VIC, and I maintain no expectation or hope of receiving any compensation, wages, earnings, or benefits, nor has the PSC VIC, or any employee or agent thereof, made any representation or promise regarding my receipt of compensation, wages, earnings, or benefits. Finally, I expressly represent and warrant that I desire to be engaged by the PSC VIC as a volunteer for civic, charitable, or humanitarian reasons, purposes, or motives, and will render services in my capacity as a volunteer in accordance with such reasons, purposes, or motives.

Please send completed form to: Paul Smith's College VIC, 8023 NY State Route 30, Paul Smiths, NY 12970;
vic@paulsmiths.edu