



Delaware & Lehigh National Heritage Corridor Volunteer Information Form

Volunteers play a vital role in the D&L's work and we appreciate your interest in supporting our efforts! Please take a moment to fill out **both sides** of this form. The information you provide will help us to identify your specific areas of interest, as well as the times that you are available.

DATE _____

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

EVE/WEEKEND PHONE _____

DAYTIME PHONE _____ CELL PHONE _____

E-MAIL _____

BEST FORM OF CONTACT (circle): CELL# DAYTIME# EVE# E-MAIL

OCCUPATION _____

LIMITATIONS (i.e. injuries, allergies) _____

How did you hear about D&L? _____

Are you a D&L member? ___ Yes ___ No

If not, would you like membership information? ___ Yes ___ No

AVAILABILITY (Check all that apply)

- Weekdays
- Saturdays
- Sundays
- Daytime
- Evening
- Year-round
- Spring
- Summer
- Fall
- Winter
- Anthracite Region
- Lehigh Valley Region
- Delaware Canal Region
- Other _____

IN CASE OF EMERGENCY, CONTACT:

Name _____ Relationship to You _____

Daytime Phone _____ Evening//Weekend Phone _____ Cell Phone _____

I HAVE READ THIS AGREEMENT AND RELEASE AND, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Please sign here*

*Parental Consent required for anyone under the age of 18

Parent/Guardian Signature

Volunteer Agreement & Release

In signing this Agreement, I agree that I am willingly volunteering to participate in a D&L project. I agree to use work tools safely according to instructions I receive. I agree to behave in a responsible manner. I agree to only perform work that I am comfortable doing and that I feel I can accomplish safely. I agree I am wearing clothes and shoes that I believe will provide protection according to the work conditions.

I hereby release all sponsoring organizations, and D&L employees, from any and all claims that may arise from or result in any expenses, personal injury, loss or damage incurred to me or by me during my participation in D&L's projects.

Permission-Use of Photographs.

I also grant permission for D&L, and sponsoring organizations, to use work group photographs, film, and videos of me (or my minor child) for promotional or other uses either associated with the project or sponsoring organizations, including use on an organizational web site(s).

PLEASE SEE REVERSE SIDE.....

VOLUNTEER OPPORTUNITIES

Please check off areas of interest...

- TRAIL MAINTENANCE/FIELD WORK**
 - Trail Tenders: cleaning, trail maintenance
 - Trail Patrol: report trail hazards
 - Canal structure maintenance
 - Planting & gardening



- CANAL MUSEUM/EDUCATION**
 - Docent/tour guide
 - History/Geology lessons
 - Field Trips
 - Archives Assistance

- ADMINISTRATIVE SUPPORT**
 - Writing/Editing
 - Membership & mailing
 - Cartography
 - Grant writing



- SOCIAL MEDIA**
 - Photography
 - Experience sharing
 - Original artwork
 - Blog

- PUBLIC OUTREACH**
 - Event promotion
 - Development
 - Flyer & brochure distribution
 - Marketing



D&L Trail Alliance

- EVENTS**
 - Get Your Tail on the Trail (year round)
 - Dinner Auction (April)
 - Luncheons (May)
 - National Trails Day (June)

- HALF MARATHON**
 - Runner's packets
 - Set up and clean up
 - Water/food distribution
 - Safety/parking



SKILLS/EXPERIENCE (Check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Artist | <input type="checkbox"/> Hike/Bike Leader | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Botany | <input type="checkbox"/> Geology | <input type="checkbox"/> Trail Maintenance |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Natural History | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Cartography | <input type="checkbox"/> Photographer | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Specialty _____ | | |

-----FOR OFFICE RECORDS ONLY-----

Assigned staff member: _____

Training date: _____

Notes: