

Please print clearly in black or blue ink.

Title: _____ First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Employer/School: _____

Emergency Contact and Phone: _____

Health Conditions/Special Needs/Allergies: _____

AREAS OF INTEREST (check all that apply):

- Children's Farm- Zoology (18 & older) Maymont Mansion (18 & older) Nature Center- Animals/Habitats (18 & older) Environmental Education
 Gardens/Horticulture (18 & older) Carriages (18 & older) Visitor Services Special Events Administrative (18 & older)

AVAILABILITY (check all that apply):

- M T W TH F SA SU Morning Afternoon (before 5pm) Evening (Special events only)

Do you prefer to volunteer: Weekly Monthly Occasionally

Special skills, training, or certification: _____

Previous volunteer experience: _____

How did you learn about volunteering at Maymont? _____

Why would you like to volunteer at Maymont? _____

Have you ever been convicted of a misdemeanor or felony? If yes, date of conviction and explanation: _____

RELEASE OF LIABILITY:

In conjunction with my voluntary involvement undertaken for and with the participation and support of the Maymont Foundation, I, _____, hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Maymont Foundation, its officers and directors, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Maymont Foundation, its officers and directors, agents and volunteers harmless from any cause of action, claim or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. I hereby grant Maymont Foundation the irrevocable right to use my name and likeness in any film, video tape, audio tape, photographs, slides, combinations thereof, for inclusion in any promotional or advertising purposes, without any payment to me. By signing below I certify that the information provided in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Guardian Signature (if under 18): _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION TO:

Mail: Volunteer Coordinator, Maymont Foundation, 1700 Hampton Street, Richmond, VA 23220

Fax: 804-358-9994 (fax)

E-mail: volunteer@maymont.org

QUESTIONS?

Contact the Volunteer Coordinator at volunteer@maymont.org or 804-358-7166, ext. 327