



Swiss Valley Nature Center & Preserve

Volunteer Application

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Drivers Licenses #: _____

Email: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Education:

Highest Level of Education: High School ___ College ___ Graduate School ___

Special Training: _____

Previous Experience/ Skills:

Volunteer Experience: _____

Areas of Interest: _____

Type of Volunteer Work Desired: (Check all that apply)

___ Clean-ups e.g. Roadsides & Parks

___ Clean-ups e.g. Streams, Rivers, Lakes

___ Maple Syruping

___ Habitat Restoration

___ Environmental Education Programming

___ Special Events

___ Fundraising (DCCB Friends Group)

___ Trail Ambassador

___ Office Volunteer

___ Weekend Volunteer

Additional Comments _____

Service Hours

Do you need to fulfill a specific requirement for service hours? Yes ___ No ___

Court Mandated: Yes ___ No ___

If so hours needed _____

Name of School: _____

Address: _____

Contact Person: _____

Contact Number: _____

How did you learn about our volunteer program? _____

Volunteer Notice

We wish to thank you for your generosity in providing volunteer services to the Dubuque County Conservation Board. Your time spent here is greatly appreciated! You will now be a volunteer of the county therefore not covered by the County's workers compensation insurance. Additionally volunteers are not eligible for medical, dental, or related insurance coverage. If you have questions regarding how this affects you and your work as a volunteer at Dubuque County Conservation we recommend that you discuss those questions with your insurance carrier.

Your signature indicates that you have received this notice of non coverage. If you have questions, you may want to discuss this Notice with your legal advisor or your insurance advisor prior to signing.

Again, we thank you for giving your time and talents to Dubuque County Conservation.

Volunteer (print)

Volunteer (signature)

Date