

# Placer Nature Center

## Volunteer Skills Bank

### Registration Form

Please return this form to:  
Placer Nature Center  
3700 Christian Valley Road  
Auburn, CA 95602  
Fax: 1-800-878-1882  
Email: volunteer@placernaturecenter.org

Date \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(P.O. or Street) (City) (Zip)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ (May we call business) \_\_\_ Y \_\_\_ N

Preferred form of contact: \_\_\_ Phone \_\_\_ Email Best time to call: \_\_\_\_\_

email: \_\_\_\_\_ cell phone: \_\_\_\_\_

Valid Driver's License: \_\_\_ Yes \_\_\_ No

Do you: \_\_\_ Have use of a car \_\_\_ Walk only \_\_\_ Registered driver with school district?

\_\_\_ Rely on others. \_\_\_ Use Public Transportation

Do you know the time commitment you could give to a volunteer assignment?

\_\_\_\_\_ hours per month OR \_\_\_\_\_ hours per week \_\_\_\_\_ Number of months

Day(s) available to volunteer. Please check times available in space provided:

	Monday	Tuesday	Wed.	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

If time is variable please explain: \_\_\_\_\_

***The following information will assist us to give you an appropriate and interesting volunteer project! Please skip any questions you want to skip.***

Age group(s) you prefer to work with:

\_\_\_ Preschool \_\_\_ Elementary \_\_\_ Secondary \_\_\_ Adult \_\_\_ Seniors

Any Physical Limitations: \_\_\_ Yes \_\_\_ No If yes, specify \_\_\_\_\_

Any Medical Limitations: \_\_\_ Yes \_\_\_ No If yes, specify \_\_\_\_\_

*Volunteer Interests:* Please check the skills in which you have interest and/or expertise:

<u>SKILL</u>	<u>Interest</u>	<u>Expertise</u>	<u>SKILL</u>	<u>Interest</u>	<u>Expertise</u>
<b><i>Scientific:</i></b>			<b><i>Construction</i></b>		
Biology			General maintenance		
Botany			Auto Mechanic		
Chemistry			Carpentry		
Ecology			Office machine repair		
Entomology			Electrical wiring		
Forestry			House painting		
Geology			Plumbing		
Hydrology			Roofing		
Herpetology					
Horticulture			<b><i>Consulting Services</i></b>		
Meteorology			Lawyer		
Ornithology			Accountant		
Zoology			Real Estate		
Water Quality Monitoring			Architect		
Energy Conservation					
GIS/GPS computer skills			<b><i>Administration &amp; Communication</i></b>		
Habitat Restoration			Fund Raising		
			Journalism & writing		
<b><i>Landscaping/gardening</i></b>			Desktop Publishing		
Landscape Design			Graphic Design		
Yard Maintenance			Public Speaking		
Permaculture			Marketing, Advertising		
Invasive Plants			Conference Planning		
Soils & Erosion			Volunteer Management		
Gardening			Bookkeeping		
Trail Maintenance			Secretary		
			Grant Writing		
<u>SKILL</u>	<u>Interest</u>	<u>Expertise</u>	<u>SKILL</u>	<u>Interest</u>	<u>Expertise</u>

<b>Education Programs:</b>			<b>Other:</b>		
Curriculum Development			Music - vocal		
Teaching, teaching asst. Age(s): _____			Music - instrumental specify: _____		
Naturalist Educator			Theater & Costume Design		
Create Exhibits			Food Preparation		
			Van/Bus Driver		
<b>Board of Directors</b>			Travel Planning		
			Art, visual arts		

Greatest areas of interest: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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Language proficiency other than English: \_\_\_\_\_

Previous Experience (Both Paid and Volunteer): \_\_\_\_\_

Age Range (circle): 15-20 20-39 40-59 60+

Education: \_\_\_ High School \_\_\_ Some College \_\_\_ College Degree in \_\_\_\_\_

Post Graduate Studies in: \_\_\_\_\_

Please list any community or service organization memberships: \_\_\_\_\_

Where did you hear about **Placer Nature Center**? \_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_

I understand that by registering with the **PNC Volunteer Bank** I may choose among the volunteer jobs referred to me and I am under no obligation to accept any placement unless I choose to do so. I am also aware that I will not receive any compensation for my services. I also understand that I am not covered for medical benefits under workers' compensation insurance.

Signed: \_\_\_\_\_

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## Volunteer Skills Bank

### VOLUNTEER'S WAIVER OF LIABILITY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**Placer Nature Center** and its staff do their absolute best to assure the safety and security of all participants in **any or all** programs and volunteer activities. However there is a certain amount of risk inherent in participating in any outdoor activity.

I agree not to hold **Placer Nature Center** and its employees responsible for any liability resulting from negligence on my part or others not employed by or representing the **Center**. Furthermore, I agree not to hold **Placer Nature Center** responsible for any expenses, claims, or losses over and above its equitable share of liability or for any amount in excess of actual economic damage.

I also confirm that I have no reason due to health or other conditions that would negatively impact my ability to participate in this program and accept as my personal risk the hazards of participating in this program and its corresponding activities.

I am aware that I will not receive any compensation for my services. I also understand that I am not covered for medical benefits under workers' compensation insurance.

I accept these conditions.

Signed: \_\_\_\_\_

As parent/legal guardian, I give permission for this under-aged individual to volunteer with **Placer Nature Center** and comply with the above Waiver of Liability.

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_

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