COMMONWEALTH OF PENNSYLVANIA
Department of Conservation and Natural Resources

Application to become a Kings Gap Conservation Volunteer

Part I. Volunteer's name, address, phone number and email

First name: _____ M. I. _____ Last name: _____

Nickname or title if used _____

Street Address: _____

City/State/Zip _____

Phone 1: _____ (Circle: Home / Work / Cell)

Phone 2: _____ (Circle: Home / Work / Cell)

Email Address: _____

☐ We would like to volunteer as a family. Names of additional family members (must be 12 or over)

_____, _____, _____

☐ I am volunteering as a member of a service organization.

Organization name: _____

☐ I am less than 18 years old. If under 18, list date of birth _____/_____/_____

Parent's name(s): _____ Parent signature required below.

Part II. Location, areas of interest, availability and skills/experience

I would like to volunteer at Kings Gap Environmental Education Center

I would like to volunteer with (check all that apply):

☐ Trail Maintenance ☐ Clerical ☐ Garden/Landscaping
☐ Nest Boxes ☐ Maintenance ☐ Environmental Education/Interpretation
☐ Mansion Docent ☐ Events ☐ Other _____

I am available ☐ Year-round ☐ Seasonal – specify _____
☐ Weekdays ☐ Weekends

I am a(n): ☐ Adult ☐ School Student ☐ College Student (Grad. Yr. _____)

Skills, expertise or experience _____

Part III. Agreement

1. Conservation volunteers shall be treated as employees of the Commonwealth for purposes of automotive and general liability. In addition, Category I volunteers are covered by worker's compensation.

2. The Conservation Volunteer is authorized to operate a Commonwealth motor vehicle, when required, provided the individual possesses a valid Pennsylvania Driver's License.

3. All projects, when completed, will become the property of the Pennsylvania Department of Conservation and Natural Resources.

Part IV. Signatures

Individual (if 18 years or older) or parent/guardian (if under 18 years)

Sign: _____ Date: _____/_____/_____