



500 Alumni Drive, Lexington, KY 40503 | (859) 257-6955 | [arboretum.ca.uky.edu](http://arboretum.ca.uky.edu)

## 2024 VOLUNTEER AGREEMENT

**Volunteers are required to read and retain this Volunteer Agreement before they start working each calendar year.**

Thank you for your interest in volunteering at The Arboretum! Our staff appreciates the time you spend to help us to maintain and promote this community resource for public education and enjoyment. Because we take your work seriously, we ask you to review the information below which summarizes what The Arboretum asks of volunteers and what a volunteer can expect from us. Thank you!

### **I understand that, as a volunteer, The Arboretum expects me to:**

1. Read and retain this page.
2. Complete a 2024 Waiver and Release form and an emergency contact form and email it to [arboretum@uky.edu](mailto:arboretum@uky.edu) or give it to Ryan Adair at the Visitor Center.
3. Attend any necessary training.
4. Read and accept (or decline) permission to take and use photos (or other media) of me to be used solely in Arboretum communications.
5. Choose an area of work appropriate for my interests, time and abilities.
6. Ask for guidance if I am unclear what duties I am to perform.
7. Familiarize myself with the garden policies and other procedures included in my Volunteer Handbook.
8. Understand and agree that I will follow all applicable federal, state, local or University regulations or policies regarding COVID-19, including, but not limited to, masks, social distancing, etc.
9. Be helpful and friendly to garden visitors on behalf of The Arboretum.
10. Foster a mutually respectful environment among staff, supervisors, and other volunteers.
11. Arrive on time and sign in with my supervisor every time I complete a volunteer session.
12. Notify my supervisor as soon as possible if I am unable to maintain my schedule.
13. Refrain from bringing guests or children with me when volunteering.
14. Give prior notice if my volunteer work will be terminated or interrupted for an extended period.
15. Inform The Arboretum of any changes in my address, phone number or other personal information.
16. Bring my own gloves and small hand tools, as necessary.

### **As a volunteer, I can expect The Arboretum to provide:**

1. Advice, support and answers to my questions and concerns regarding my volunteer position.
2. Information about garden policies and procedures that apply to my work.
3. Supervision and training for my volunteer position.
4. Change in volunteer assignments through mutual agreement between the supervisor and myself.
5. Recognition of my volunteer contributions to the gardens.



\_\_\_\_\_ Last name, All CAPS  
 \_\_\_\_\_ Date added to VOL ListServe  
 \_\_\_\_\_ Date added to ARB ListServe  
 \_\_\_\_\_ Date added to VOL Database

500 Alumni Drive, Lexington, KY 40503 | (859) 257-6955 | [arboretum.ca.uky.edu](http://arboretum.ca.uky.edu)

## 2024 ARBORETUM VOLUNTEER WAIVER AND RELEASE

A volunteer is required to complete and submit a waiver and release each calendar year.

I, \_\_\_\_\_, volunteer to assist at the UK-Lexington Fayette County Arboretum ("The Arboretum" hereafter) for this opportunity or area (CHECK ALL THAT ARE OF INTEREST TO YOU):

| 2024 Volunteer Opportunities                                   |   |                      |               |            |
|--|---|----------------------|---------------|------------|
|  | Location  | Day                  | Time          | Start Date |
| <input type="checkbox"/>                                       | Horticultural Gardens   | Tuesdays             | 9 am – 11 am  | April 9    |
| <input type="checkbox"/>                                       | Vegetable Gardens   | Wednesdays           | 9am – 11 am   | April 10   |
| <i>The following volunteer opportunities require training.</i> |   |                      |               |            |
| <input type="checkbox"/>                                       | Walk Across KY ( <b>FULL</b> )  | Thursdays            | 10 am – 12 pm | March 7    |
| <input type="checkbox"/>                                       | Kentucky Children's Garden  | Wednesday – Saturday | 10 am – 5 pm  | April 3    |
| <input type="checkbox"/>                                       | KCG Field Trips   | Tuesday              | 9 am – 12 pm  | April 18   |
| <input type="checkbox"/>                                       | Other ( <i>Specify</i> ):   |                      |               |            |
| <input type="checkbox"/>                                       | If volunteers are needed for other programs or activities, please contact me.   |                      |               |            |
| <b>*</b>   | <b>All Kentucky Children's Garden volunteers must:</b>  |                      |               |            |
|  | <ul style="list-style-type: none"> <li>• Undergo a background check to work with children</li> <li>• Participate in a 1-hour update on Zoom (applies to returning and new volunteers)</li> <li>• Participate in 1-hour best practices Zoom training (applies only to new volunteers)</li> </ul> |                      |               |            |

*\* We are required to conduct a background check for all who work with children. You can help underwrite this cost with your check of \$30, made payable to The Arboretum.*

I understand and agree that I will receive no compensation from the University of Kentucky and will not be eligible for any University of Kentucky benefits or worker's compensation benefits. I also understand that I will not be given preference for future University of Kentucky jobs or positions, should any become available.

I understand and agree that I will follow all applicable federal, state, local, or University regulations or policies regarding COVID-19, including but not limited to masks, social distancing, etc.

In consideration of being afforded the opportunity to participate in the activities identified above, I, for myself, my heirs, successors or assigns, hereby release and hold harmless the University of Kentucky, its Board of Trustees, agents, servants and employees, including faculty members, from any and all claims, demands, causes of action or damages which



500 Alumni Drive, Lexington, KY 40503 | (859) 257-6955 | [arboretum.ca.uky.edu](http://arboretum.ca.uky.edu)

accrue on account of bodily or personal injury, property damage or death arising from my volunteering at The Arboretum, including damages, injury, or death arising from the negligence of the aforesaid parties. I attest and verify that I have full knowledge of the risk involved in my volunteer activities and that I am physically fit and sufficiently trained to participate. I, for my heirs, successors, my assigns, or myself, hereby assume any and all risks attendant to participation in volunteering at The Arboretum.

I recognize that The Arboretum for which I have volunteered my services will review, from time to time, the need for volunteers and that utilization of volunteers may be curtailed or eliminated. My 2024 duties as an Arboretum volunteer commence(d) on \_\_\_\_\_ (*provide date here*).

Have you ever pleaded guilty to, or been convicted of, a felony or misdemeanor in this state or in any other state, or do you have any pending charges?    Yes    No

If yes, please provide the details of each conviction or pending conviction including date and nature of offense:

---

---

---

---

I have read, understood and retained a copy of the Volunteer Agreement provided by The Arboretum and I understand any risks associated with my volunteer position.

---

Signature \_\_\_\_\_

Today's date \_\_\_\_\_

# 2024 VOLUNTEER INFORMATION AND EMERGENCY CONTACT FORM

The information requested below is required:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**We request your email address so that Arboretum staff may communicate with you. We will also add your email address to our listserv so that you may receive our electronic newsletter.**

**We will not sell this information or distribute it to others; and you may unsubscribe from our newsletter at any time.**

E-mail address: \_\_\_\_\_

## **Please include a contact in case of an emergency:**

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

How did you learn about volunteering at The Arboretum? **Please check all that apply.**

Facebook

Instagram

Twitter

Arboretum Website or other online resource/search engine

Arboretum Monthly newsletter

Arboretum Signage

Class, work, or other professional contact

Friend, family member, colleague, etc.

Other community organization or resource (please specify):



## Standard Media Release Form

General Use

Specific Project: \_\_\_\_\_

I, (print full name) \_\_\_\_\_ (\*) hereby grant permission to the University of Kentucky, its Board of Trustees, officers, employees, agents, representatives and its affiliates and subsidiaries, including but not limited to the UK Alumni Association, UK Athletics and UK Research Foundation (collectively the "University"), the irrevocable, royalty-free, perpetual, unlimited worldwide right to use, distribute, publish, exhibit, digitize, broadcast, display, modify and create derivative works of, reproduce or otherwise exploit my name, picture, likeness and voice (including any video footage of the same) (collectively "Media"), for any purpose (except in a defamatory manner ) including, without limitation, rights to use for educational, advertising, non-commercial or commercial purposes in any manner or media format whatsoever, and including, without limitation, publication of the Media for the following without compensation:

- ✓ University Educational Publications (brochures, newsletters, magazines, etc.) and/or Videos
- ✓ University Promotional Publications/Advertising (brochures, newsletters, magazines, etc.)
- ✓ University Electronic Publishing (e.g., World Wide Web)
- ✓ Any University Social Media Initiatives (Facebook, Twitter, Instagram, YouTube, etc.)
- ✓ Local/regional/national news media (with permission from UK Public Relations and Marketing)

I agree that I retain no interest in or ownership of any of the Media.

I understand that I do not have any right to preview or approve or reject Media use, I shall not be compensated for Media use, and I waive any claim arising out of or in connection with any use of said Media, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights. I agree that the University has no obligation to use the Media. I hereby release and agree to hold harmless the University from any claim for injury, loss, damages or other liability which I may have, and which may arise from the use of any of the Media.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

### Name and mailing address (please print)

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

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**\* Release for Minors (those under the age of 18), I, the undersigned, being a parent or guardian of the minor, hereby consent and agree to the above terms and conditions and warrant that I have the authority to give such consent.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_