



500 Alumni Drive | Lexington, KY 40503 | (859) 257-6955
arboretum.ca.uky.edu

2020 VOLUNTEER AGREEMENT

Volunteers are required to read and retain this Volunteer Agreement at the time their work starts 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 following information. The information below summarizes what we staff ask of volunteers and what a volunteer can expect from the staff during their time here. Thank you again for choosing to volunteer here!

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

1. Have a 2020 Waiver and Release form and an emergency contact form on file with The Arboretum.
2. Attend volunteer orientation and any necessary additional training.
3. Read and accept (or decline) permission to take and use photos (or other media) of me in Arboretum communications.
4. Choose an area of work appropriate for my interests, time and abilities.
5. Ask for guidance if I am unclear what duties I am to perform.
6. Familiarize myself with the garden policies and other procedures included in my Volunteer Handbook.
7. Be helpful and friendly to garden visitors on behalf of The Arboretum.
8. Foster a mutually respectful environment among staff, supervisors and other volunteers.
9. Arrive on time and accurately record my volunteer hours in the Volunteer Log notebook in the Visitor Center *every time* I complete a volunteer session. If I volunteer at The Arboretum outside of Visitor Center hours or if I engage in Arboretum-related volunteer activities off-site, I will inform Director Molly Davis of the nature and hours of these activities via email at Arboretum@uky.edu so that my hours can be recorded.
10. Notify my supervisor as soon as possible if I am unable to maintain my schedule.
11. Refrain from bringing guests or children with me when volunteering without the prior consent of my supervisor.
12. Give prior notice if my volunteer work will be terminated or interrupted for an extended period.
13. Inform The Arboretum of any changes in my address, phone number or other personal information.
14. 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. An annual event to recognize volunteer contributions to the garden.



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<p>FOR OFFICE USE ONLY</p> <p>_____ (last name, all caps)</p> <p>_____ Date added to VOL LISTSERV</p> <p>_____ Date added to VOL DB</p>

2020 ARBORETUM VOLUNTEER WAIVER AND RELEASE

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

I, _____, have volunteered 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):

Planting and Gardening

- Garden Guides (tour dates to be determined)
- Derby Day Planting Party (morning of May 2, 2020)
- Rose Garden Adopt-a-Plot (select a time each week that suits your schedule; group activities and training will take place on alternating Friday mornings starting in May)
- Vegetable Garden (Tuesday mornings starting in April)
- Walk Across Kentucky (WAKY) Native Plants (Thursday mornings throughout the year)

Arboretum Events and Programs

- Arbor Day (afternoon of April 18, 2020)
- 3rd Annual Hundred Acre 5K to benefit the Horticultural Gardens (morning of June 20, 2020)

Activities Involving Children*

- Little Sprouts (Wednesday mornings in March 2020)
- Celebrating the Seasons (10 am to 2:30 pm on April 4, July 25 and October 3, 2020)
- Kentucky Children’s Garden (KCG) Greeter (Wednesday through Saturday from 9:30 am to 4:30 pm starting April 1, 2020)
- KCG Train Conductor Greeter (Wednesday through Saturday from 9:30 am to 4:30 pm starting April 1, 2020)
- KCG Field Trip Assistant (Tuesdays from 9 am to 1 pm in April and May)

** Activities involving children require the completion of specialized training and a background check. Returning KCG volunteers must attend a 1-hour KCG training update each calendar year. New KCG volunteers must attend the training update and a 1-hour introduction to best practices for interacting with children. The Arboretum bears the responsibility of paying for the background check, but you are always welcome to make a charitable donation to The Arboretum to help us cover these costs!*



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** _____

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.

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 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 2020 duties as an Arboretum volunteer commence(d) on _____ (provide date here).

Have you ever plead 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:



2020 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 if needed. We will also add your email address to our listserves so that you may receive our electronic newsletters.

We will not sell this information or distribute it to others; you may unsubscribe from our newsletters if you do not wish to receive them.

E-mail address: _____

We request that you list a contact in case of 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.**

- | | |
|---|--|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Arboretum signage |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Class, work, or other professional contact |
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Friend/family member/colleague, etc. |
| <input type="checkbox"/> Arboretum website or other online resource/search engine | <input type="checkbox"/> Other community organization or resource (please specify):
_____ |
| <input type="checkbox"/> Arboretum monthly electronic newsletter | |



Authorization of Use

General Use

Specific Project: _____

I, (*print full name*) _____ (*) hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the UK Alumni Association, UK Athletics Association and UK Research Foundation, to interview, photograph and/or videotape me, or my minor child, and/or to supervise any others who may do the interview, photography and/or videotaping and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

- ✓ University Educational Publications/Videos
- ✓ University Electronics Publishing (e.g. World Wide Web)
- ✓ Any University Social Media Initiatives
- ✓ University Promotion/Advertising
- ✓ Local/regional/national news media (w/permission of the University of Kentucky)

Signature: _____ Date: _____
Signature

Witness: _____ Date: _____
Signature

Name and mailing address (please print)

Name: _____

Address: _____

E-mail: _____

Phone: _____

****If the individual to be interviewed, photographed and/or videotaped is under the age of 18, please indicate your relationship or authority to consent:*** _____

Signature of Parent or Guardian: _____ Date: _____