

FOR OFFICE USE ONLY
_____ (last name, all caps)
_____ Added to LISTSERV
_____ Added to DB

2017 VOLUNTEER WAIVER AND RELEASE

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

I, _____ (*please print*), have volunteered to assist at the UK-Lexington Fayette County Arboretum (“The Arboretum” hereafter) with the volunteer opportunities shown on the 2017 Volunteer Job Descriptions page included in this packet.

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

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 duties as an Arboretum volunteer commence(d) on _____ (month, year).

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:

If volunteer hours are community service, identify the number of hours required: _____

Signature: _____ **Today’s date:** _____

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VOLUNTEER INFORMATION AND EMERGENCY CONTACT FORM

The information requested below is required. *Please print legibly.*

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home phone: _____ Cell phone: _____

Date of Birth (MM/DD/YY): ____/____/____

In order for Arboretum staff to communicate with Arboretum volunteers, we request your email address.

We will not sell this information or distribute it to others. We send a monthly e-blast to all volunteers and Friends of The Arboretum regarding upcoming opportunities to volunteer and news about The Arboretum.

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: _____

I have read the 2017 Volunteer Agreement and a copy has been provided for my records.

Signature _____ Date _____