



**Forest ReLeaf of Missouri**  
**Individual Volunteer Application**

**PERSONAL INFORMATION**

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

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Current or Past Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Are you a student?    **YES**    **NO**                      If yes, what school do you attend?  
(circle one)

\_\_\_\_\_

In case of emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## VOLUNTEERING INFORMATION

Why are you interested in volunteering with Forest ReLeaf? (check all that apply)

School requirement       Networking opportunities       Learn more about the cause

Court-ordered community service       Contribute to community       Fun

Other \_\_\_\_\_

How did you hear about Forest ReLeaf?

Personal referral      Who? \_\_\_\_\_

Print publication      Which publication? \_\_\_\_\_

Web site/Social media       Social/outreach event       Classes       Drive/Walk-by

Other environmental organization      Other \_\_\_\_\_

Previous volunteer experience (please list the organizations and briefly describe duties):

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Please list any special skills and/or areas of expertise you have:

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Some volunteers work outdoors with mulch and heavier equipment. Do you have any health conditions (i.e., allergies, asthma) that might affect your volunteer work? If yes, please explain (we will try to make accommodations for volunteers who have special needs):

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## VOLUNTEERING INFORMATION (continued)

How many hours would you like to volunteer?      Weekly \_\_\_\_\_      Monthly \_\_\_\_\_

How long do you plan to volunteer? \_\_\_\_\_

The following days and times are when volunteers are needed at our nursery. Please indicate the days/times you are generally available to volunteer.

\_\_\_\_\_ Monday Morning

\_\_\_\_\_ Wednesday Morning

\_\_\_\_\_ Friday Morning

\_\_\_\_\_ Saturday Morning

There are also various outreach events throughout the year in which volunteers are needed to represent Forest ReLeaf of Missouri. These often take place on weekends. Is this something you are interested in?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

[Men's] T-shirt Size (circle one):      **S**      **M**      **L**      **XL**      **XXL**

Are you volunteering in order to fulfill required court-ordered community service?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

*If yes...*

What is the offense?

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How many hours are you required to complete? \_\_\_\_\_

What is your deadline for completion? \_\_\_\_\_

## ACKNOWLEDGEMENT

- ◆ I verify that the above information is correct to the best of my knowledge. I also give Forest ReLeaf of Missouri permission to contact the person listed as my emergency contact in the event of an emergency and to contact my current or past employer for a reference.
- ◆ I understand that as a volunteer with Forest ReLeaf of Missouri, the nature of my volunteer activities may involve physical activity, contact with unidentified and unfamiliar persons, travel to and from various unspecified locations, and other potential risks of injury. With full knowledge of the risks associated with such volunteer activities, I hereby release, indemnify and hold harmless Forest ReLeaf of Missouri and respective employees, officers, directors, volunteers, agents, agencies, and funding sources from all liability and responsibility pertaining to any claims, demands and actions resulting from my participation in such volunteer activities, including claims, demands and actions resulting from injuries, physical or mental, or property damage (including any injury or damage caused by negligence).
- ◆ I understand that volunteer service is considered to be “at will” and may be terminated at any time by either the volunteer or the organization. Forest ReLeaf of Missouri may conduct background checks on volunteers from time to time to ensure the safety and security of other volunteers and staff.
- ◆ Forest ReLeaf of Missouri volunteers are often photographed during workdays. I understand that if there are extenuating circumstances and I do not wish to be photographed, it is my responsibility to let photographers know and to avoid the situation. Otherwise, I grant Forest ReLeaf of Missouri permission to utilize my likeness in any photographs or videos for publicity and other purposes without fee or any claim relating to such photographs or videos.

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Signature of Volunteer

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Please Print Name

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Date

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