**LANDMARK SOCIETY - 2018 VOLUNTEER INFORMATION**

If printing out and filling by hand, kindly print – or follow instructions at the end for emailing.

TITLE\_\_\_\_\_\_\_ NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/TOWN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the above information year round, or do you have a seasonal address? If yes, check here and please enclose your secondary address and the months it is in effect\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Please list me as an active volunteer for 2018 opportunities *(please complete the form)*

When are you *generally* available? (check all that apply): \_\_\_\_Weekdays \_\_\_\_\_Weeknights \_\_\_\_Weekend days \_\_\_\_\_\_\_Weekend Nights

What jobs or events have you done – what would you like to do (or want to get more information on?)

Have Done Would Like to Do

- Tell Me More

**Stone-Tolan House Historic Site Interpreter (docent)** € €

Conduct tours for school groups or adults

Training provided.

Commitment: tours April – Oct, average

1 to 2 a month.

**Ellwanger or Stone-Tolan Gardener** € €

Under direction of lead gardener or horticulturist

weed and beautify the flower garden or veggie garden

Commitment: 1 “weeding party” a week at Ellwanger Garden,

come when you can during the garden season.

**Writing the Home Work Column** € €

Visit a house in city that is for sale,

and write a column describing it,

published in City Newspaper.

Commitment: Average one column a year.

Have Done Would Like to Do

- Tell me More

**Special Events**

**Feb: Walk the Walk** € €

Usher for school performances

Commitment: 1 of two mornings

**Apr: Preservation Conference** € €

Assist with registration, monitor sessions,

or with lunch setups

Commitment: 4 hours to one day

**Jun: House & Garden Tour** € €

House Captains and Hosts staff houses

on the tour. Ticket sellers and runners staff

tour headquarters.

Commitment: 1 full day or half a day.

**Sept/Oct: Inside Downtown Tour** € €

Site Managers and hosts staff loft apartments

Ticket seller and tour runners staff headquarters.

Commitment: 1 full day or half a day

**Oct: Ghost Walk** € € Lantern Guides lead tours to performance sites

Ticket sellers, guide coordinators, kitchen staff

assist with refreshments or arrivals.

Commitment: one evening (4 hours)

Other Events, as Developed € €

What special skills do you have that you think we should know about?

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What special needs do you have that we should know about?

\_\_\_ Can only work a sitting down job \_\_\_\_\_\_visual impairment \_\_\_\_\_\_physical impairment

\_\_\_ Other, or details on the above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you would like us to know?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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waiver

I acknowledge there are certain inherent risks serving as a volunteer. I acknowledge that all risks cannot be prevented and I assume those beyond the control of The Landmark Society. I represent that I am physically able, with or without accommodation, to participate in volunteer service, and that I am able to use equipment and/or supplies described.

Should I require emergency medical treatment as a result of accident or illness arising during volunteer work, I consent to such treatment. I acknowledge that The Landmark Society does not provide health and accident insurance for volunteers and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify Landmark Society staff at my volunteer site, in writing, if I have medical conditions about which emergency medical personnel should be informed.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND FULLY UNDERSTAND THE POTENTIAL HAZARDS OF VOLUNTEER WORK AND CONSENT TO ITS TERMS BY SIGNING THIS WAIVER VOLUNTARILY.**

**VOLUNTEER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_**

**PARENT OR GUARDIAN MUST SIGN IF VOLUNTEEER IS UNDER 18**

**Please print your name here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please Return to Cindy Boyer

The Landmark Society

133 South Fitzhugh

Rochester NY 14608

or scan and email to [cboyer@landmarksociety.org](mailto:cboyer@landmarksociety.org)

or fax to 585 546-4788

Thanks so Much! ☺