

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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

	Have Done	Would Like to Do - Tell me More
Special Events		
Feb: Walk the Walk	<input type="checkbox"/>	<input type="checkbox"/>
Usher for school performances Commitment: 1 of two mornings		
Apr: Preservation Conference	<input type="checkbox"/>	<input type="checkbox"/>
Assist with registration, monitor sessions, or with lunch setups Commitment: 4 hours to one day		
Jun: House & Garden Tour	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>

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

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? _____

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 VOLUNTEER 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

OR FAX TO 585 546-4788

THANKS SO MUCH! 😊