

LANDMARK SOCIETY - 2020 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 2020 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 learn more about?

	Have Done	Would Like to Do, Tell Me More
Stone-Tolan House Historic Site Interpreter (docent)	<input type="checkbox"/>	<input type="checkbox"/>
Conduct tours for school groups or adults Training provided. Commitment: tours April – Oct, average 1 to 2 a month.		
Ellwanger or Stone-Tolan Gardener	<input type="checkbox"/>	<input type="checkbox"/>
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.		
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		

	Have Done	Would Like to Do, Tell me More
<p>Jun: House & Garden Tour</p> <p>House Captains and Hosts staff houses on the tour. Ticket sellers and runners, Commitment: 1 full day/ half a day.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Sept/Oct: Inside Downtown Tour</p> <p>Site Managers/hosts staff loft apartments Ticket seller and tour runners. Commitment: 1 full day or half a day</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Oct: Ghost Walk</p> <p>Lantern Guides lead tours to performance sites Ticket sellers, guide coordinators, refreshments Commitment: one evening (4 hours)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Other Events, as Developed</p>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a professional skill/service you would consider donating?

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? _____

Would you like to be added to our volunteer email list? You'll receive the latest news on volunteer opportunities, sent out about 4 times a year. Please follow these steps.

If you don't currently receive the Landmark Alerts newsletter (or if you're not sure if you do)

1. Go to www.landmarksociety.org and Subscribe to Landmark Alerts at the bottom of the page.
2. This will generate an email to you. Once you've received the confirmation email and clicked on it, please email cboyer@landmarksociety.org and let us know, and we will add you to the volunteer list.

If do receive the Landmark Alerts, just send an email to cboyer@landmarksociety.org and ask to be put on the volunteer list.

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

5 CASTLE PARK

ROCHESTER NY 14620

OR SCAN AND EMAIL TO CBOYER@LANDMARKSOCIETY.ORG

THANKS SO MUCH! 😊