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?

<table>
<thead>
<tr>
<th>Have Done</th>
<th>Would Like to Do, Tell Me More</th>
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<tbody>
<tr>
<td>Stone-Tolan House Historic Site Interpreter (docent)</td>
<td>□</td>
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<tr>
<td>Conduct tours for school groups or adults Training provided. Commitment: tours April – Oct, average 1 to 2 a month.</td>
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<tr>
<td>Ellwanger or Stone-Tolan Gardener</td>
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<tr>
<td>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.</td>
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<td>Special Events</td>
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<tr>
<td>Feb: Walk the Walk</td>
<td>□</td>
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<tr>
<td>Usher for school performances Commitment: 1 of two mornings</td>
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<tr>
<td>Apr: Preservation Conference</td>
<td>□</td>
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<tr>
<td>Assist with registration, monitor sessions, or with lunch setups Commitment: 4 hours to one day</td>
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Have Done  Would Like to Do, Tell me More

Jun: House & Garden Tour
House Captains and Hosts staff houses on the tour. Ticket sellers and runners,
Commitment: 1 full day/ half a day.

Sept/Oct: Inside Downtown Tour
Site Managers/hosts staff loft apartments
Ticket seller and tour runners.
Commitment: 1 full day or half a day

Oct: Ghost Walk
Lantern Guides lead tours to performance sites
Ticket sellers, guide coordinators, refreshments
Commitment: one evening (4 hours)

Other Events, as Developed

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 enewsletter (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! ☺