



Email hours to llelahours@gmail.com

Volunteer Information Form

Please return to LLELA at 1801 N. Mill St., Suite A, Lewisville, TX 75057
or contact LLELA staff at 972-219-3930

Name _____ Phone _____

Address _____ Email _____

Please indicate the volunteer opportunities which interest you:

- | | |
|--|---|
| <input type="checkbox"/> bird banding | <input type="checkbox"/> prescribed burning |
| <input type="checkbox"/> education | <input type="checkbox"/> research/data collection |
| <input type="checkbox"/> homestead/log house | <input type="checkbox"/> seed harvests |
| <input type="checkbox"/> mowing | <input type="checkbox"/> trail guiding |
| <input type="checkbox"/> nest box management | <input type="checkbox"/> trail maintenance |
| <input type="checkbox"/> plantings/plant rescues | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> plant nursery | |

Special interests, talents, and certifications (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> carpentry/woodworking | <input type="checkbox"/> Master Naturalist |
| <input type="checkbox"/> clerical | <input type="checkbox"/> photography |
| <input type="checkbox"/> CPR/first aid | <input type="checkbox"/> public speaking/teaching |
| <input type="checkbox"/> heritage skills (blacksmithing, spinning, etc.) | <input type="checkbox"/> technology/computers/web design |
| <input type="checkbox"/> Master Gardener | <input type="checkbox"/> other: _____ |

What do you hope to gain from your time volunteering at LLELA?

What days of the week are you typically available to volunteer?

Do you have any allergies or a physical condition we should be aware of?

Emergency Contact Telephone Numbers:

Contact first:

Name _____ # _____

Relationship to volunteer:

Contact second:

Name _____ # _____

Relationship to volunteer:

Please read the following and sign:

I understand that there are some inherent risks associated with volunteering. These risks may include, but are not limited to, 1) loss or damage to personal property, injury, or fatality due to travel to and from the activity, 2) condition of facilities which are not under the control of LLELA, 3) potential criminal activity. I will assume liability for activities I agree to participate in voluntarily.

Signature _____ Date _____

Printed name _____

Thanks for your interest in LLELA. We're looking forward to working with you!