

# Volunteer Opportunities

## *Can you help?*

There are many opportunities to volunteer for the Dallas County Conservation Board during the year. The opportunities for volunteers are endless. We feel certain that we can match you to something you would enjoy doing. Please fill out the following information and check those events which might be of interest to you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ **Environmental Education Programs:** This includes bluebird trail monitoring, monarch tagging, water monitoring, Prairie Awakening Celebration and Raccoon River Valley Trail monitoring.

\_\_\_\_\_ **Museum guides:** Staff our museums and greet visitors. Even one day per summer is greatly appreciated.

- \_\_\_\_\_ Forest Park Museum in Perry, Saturdays/Sundays/Holidays, 1:00 to 4:30 P.M.
- \_\_\_\_\_ Voas Museum near Minburn Sundays, 1:00 to 4:30 P.M.
- \_\_\_\_\_ G.A.R. (Grand Army of the Republic) in Redfield, Sundays, 1:00 to 4:00 P.M.

\_\_\_\_\_ **Genealogy:** Assist public with family trees and locate articles in local newspapers. Input records into computer.

\_\_\_\_\_ **Landscape Gardening:** Maintain gardens. Care for trailheads along the Raccoon River Valley Trail. Gardens at Forest Park and Kuehn.

\_\_\_\_\_ **Community Outreach:** Post environmental education flyers in your community. Work with various groups and agencies.

\_\_\_\_\_ **Office Assistance:** Assist the office with the newsletter mailings and other special projects.

\_\_\_\_\_ **Raccoon River Valley Trail:** Assist with clean-up, trimming, etc.

\_\_\_\_\_ **Other** – please specify \_\_\_\_\_

\_\_\_\_\_



**Dallas County Conservation Board**  
14581 K Avenue  
Perry LA 50220  
515-465-3577

# Volunteer Application

## General Information:

Name \_\_\_\_\_  
Last Name First Name Middle Name or Initial

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ , \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ , \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Phone Number

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

## Description of work to be performed:

I hereby volunteer my services as described above to assist the Dallas County Conservation Board and understand that I will not receive any compensation.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian  
For volunteer under 18 years of age

\_\_\_\_\_  
Date

The Dallas County Conservation Board agrees, while this arrangement is in effect, to provide such materials, equipment and facilities as are available and needed to perform the work described above.

\_\_\_\_\_  
Department Supervisor Signature

\_\_\_\_\_  
Date



The Background Check Company

APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE PRINT LEGIBLY

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

Social Security #\* \_\_\_\_\_ Date of Birth\* (MM/DD/YYYY) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License \_\_\_\_\_

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

All Previous Addresses in the Last Seven Years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used for any other purpose.

**UNDERWRITING**

# Nonstatutory Volunteer Coverage Application

*This application is to be completed by the department supervisor for each volunteer before beginning work. A copy must be sent to IMWCA. Please retain a copy for your records.*

Date \_\_\_\_\_

Entity name \_\_\_\_\_

Volunteer name \_\_\_\_\_

Social security number \_\_\_\_\_

Volunteer assignment \_\_\_\_\_

Date assigned \_\_\_\_\_

Date completed \_\_\_\_\_

Supervisor should review the following with each volunteer:

- Safety rules and enforcement procedure
- Proper use of tools and equipment
- Proper work shoes and other personal protective equipment
- Special hazards of assignment
- Department emergency procedures

Additional comments/notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department supervisor's signature \_\_\_\_\_

Date \_\_\_\_\_

I certify that I have reviewed all of the above safety policies and procedures with the department supervisor and acknowledge receipt of a copy of this application.

Volunteer's signature \_\_\_\_\_

Date \_\_\_\_\_

**Release and waiver of liability**

The undersigned acknowledges and agrees as follows:

- A. The undersigned has offered to provide certain work or services to the Member and the status of the undersigned while performing such work or services is that of a nonstatutory volunteer (hereinafter "volunteer").
- B. The volunteer is not considered an employee of the Member and is not entitled to any benefits under the Iowa Compensation Law for injury incurred while providing work or services regardless of the cause of the injury.
- C. The Member has purchased a limited amount of excess coverage insurance to cover any medical expenses incurred by the volunteer

as a result of injury incurred while the volunteer is providing such work or services, and the payment of these medical expenses is to be made in accordance with the terms of the *Description of Benefits* set out in this application.

- D. The volunteer specifically waives the right to any other benefits, reimbursements or damages as a result of injuries which the volunteer may incur while providing such work or services.
- E. The volunteer specifically releases, waives and covenants not to sue the Member and or IMWCA for injury or death caused by the negligence of other volunteers or of officers, agent representatives or employees of the Member which may occur while the volunteer is performing such work or services for the Member.

The undersigned has read and voluntarily signs the release and waiver of liability and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Volunteer's signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail this form to:  
IMWCA, PO Box 93688, Des Moines, IA 50393-3688**

## **COMPLIANCE AGREEMENT**

This acknowledges that I have read and am familiar with the requirements of the Safety Policy Handbook.

I agree to abide by all provisions of said Safety Policy Handbook.

Signature: \_\_\_\_\_