



Short-term Volunteer Form

Volunteer Date: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Contact Phone: _____

Emergency Contact Information:

Emergency Contact Name: _____ **Relation:** _____

Contact Phone Number(s): _____

Any Medical conditions / Allergies that we should be aware of? _____

Minors participating with you? No: ____ Yes: ____

If yes, Please complete the following:

Name: _____ **Birthdate:** _____

Medical conditions / allergies? _____

Name: _____ **Birthdate:** _____

Medical conditions / allergies? _____

By submitting this form, I certify that all of the above participants registered are in good health and agree to indemnify the Houston Arboretum & Nature Center for all claims arising in connection with volunteer activities performed by the above listed participants without limit and regard to cause thereof or the sole, joint, or concurrent negligence of any parties including the Houston Arboretum & Nature Center. I also agree that by submitting this form I give permission for all the participants registered to be videotaped or photographed for use in Houston Arboretum & Nature Center publications, news publications or broadcasts or on the Houston Arboretum & Nature Center website.

Signature: _____ **Date:** _____