



# BOTANICAL CENTER

Roger Williams Park

## Roger Williams Park Volunteer Application Goat Herding/Hugging ☺

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Current Employment Information

Business Name & Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work phone (ext. \_\_\_\_\_

Job Title \_\_\_\_\_

Current job responsibilities \_\_\_\_\_

### Circle Days/Times Available for Volunteering

Monday	Morning	Afternoon	evening
Tuesday	Morning	Afternoon	evening
Wednesday	Morning	Afternoon	evening
Thursday	Morning	Afternoon	evening
Friday	Morning	Afternoon	evening
Saturday	Morning	Afternoon	evening
Sunday	Morning	Afternoon	evening

Do you have any pets? Yes ☐ No ☐

If yes, please list. \_\_\_\_\_

\_\_\_\_\_

(Over)

Have you ever worked with animals before? Yes ☐ No ☐

If yes, in what capacity? \_\_\_\_\_

\_\_\_\_\_

Please describe any special interests which may be helpful in your volunteer service.

\_\_\_\_\_

\_\_\_\_\_

Please briefly explain why you would like to volunteer to work with the goats at Roger Williams Park.

\_\_\_\_\_

\_\_\_\_\_

Are there any difficulties/ scheduling conflicts that would impede your abilities to work with the goats?

\_\_\_\_\_

\_\_\_\_\_

Do you have any known plant allergies (poison ivy, other)?

\_\_\_\_\_

\_\_\_\_\_

Additional comments:

\_\_\_\_\_

\_\_\_\_\_

### References (Must be Non -Family Members)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_

**Please list your last two places of employment or employment activity for the past three years.**

Company Name \_\_\_\_\_ Dates \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Company Address \_\_\_\_\_

Company Name \_\_\_\_\_ Dates \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Company Address \_\_\_\_\_

May we contact these contacts for a reference? Yes ☐ No ☐

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

To be considered in the first round of applications, please submit by Friday, May 11<sup>th</sup>. If you have any questions or concerns please contact Lesley Lambert at [Llambert@providenceri.gov](mailto:Llambert@providenceri.gov)

Completed applications can be emailed to [Llambert@providenceri.gov](mailto:Llambert@providenceri.gov) or mailed to:

Roger Williams Park Botanical Center  
1000 Elmwood Avenue  
Providence, RI 02905  
Attn: Lesley Lambert



**Roger Williams Park Botanical Center  
Volunteer Liability Waiver**

For value received, and upon signing and submitting this Volunteer Acknowledgment and Waiver, I confirm that I wish to participate in the Roger Williams Park Botanical Center (RWPBC) Volunteer Program as a volunteer and contribute to the mission of the RWPBC to establish a multi-purpose space for experiencing our plant collection, evoking memories, and inspiring a connection and better understanding of the natural world. I confirm and acknowledge that my services are voluntarily offered and are rendered as a RWPBC non-compensated volunteer to assist with the general activities and programs associated with the RWPBC. I agree to abide by the RWPBC policies and procedures, as well as all state, federal, and local laws. I also understand that since my services to the RWPBC are voluntary, either the RWPBC or I may terminate them at any time, with or without cause. I understand that the term of this agreement is applicable during a one year period.

**Risk Acknowledgement:** \_\_\_ I understand that my volunteer participation and any travel associated with it, could involve risk of bodily injury, property damage, or death and I accept and fully understand these risks. I acknowledge that it is the responsibility of each volunteer to participate only in those activities of which he/she is physically capable, and understand that I may decline to do any activity at any time, including travel.

**Insurance:** \_\_\_ I understand that my services and participation are rendered as a volunteer in a non-employee capacity, therefore employee benefits, such as health insurance cannot be offered and workers compensation is not applicable. I acknowledge that any accident insurance coverage that the RWPBC may carry applicable to volunteers would be secondary and excess to all other applicable insurance policies, including, but not limited to any health care and auto insurance coverage I may have. I acknowledge that I am responsible for obtaining and sustaining my own health and auto insurance coverage.

**Emergency Medical Treatment:** \_\_\_ Should I become injured or ill during my volunteer activities, I hereby grant the RWPBC full authority to obtain emergency medical services for me at their discretion, or if I am unable to; and I accept responsibility for any related costs thereof, and release the RWPBC and their related staff, representatives or host organizations from liability for such decisions.

**Liability Waiver and Indemnification:** \_\_\_ Furthermore, in consideration of the opportunity afforded me, with full knowledge and appreciation of the risks involved, I hereby agree to indemnify, release and hold harmless; RWPBC, Roger Williams Park, the Providence Park System or the City of Providence, their employees, representatives, agents and host organizations from all form and manner of risks inherent or relating to such activities and I waive all claims and demands of any nature arising from my volunteer participation and related travel. I agree and understand that this liability waiver and indemnification will extend beyond the dates of this agreement.

**I hereby acknowledge that I have had the opportunity to review this form and have it reviewed by legal counsel if necessary. I understand the foregoing and hereby agree to be bound by the same.**

**Printed Volunteer Name:** \_\_\_\_\_

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_