



Disclaimer: Thank you for your interest in volunteering for The Town of Indian Lake & ADK Action. This form is used to collect information about new volunteers and used for internal purposes only. The information you provide is confidential and will be treated accordingly.

VOLUNTEER INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Phone: _____

Spoken Language(s): English Other: _____

Current or Past Volunteer Experience:

Do you need to fulfill a specific requirement of volunteer hours? Yes No

If so, how many hours/days? _____

List any physical or medical limitations:

EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship: _____

E-Mail: _____

Phone: _____

AVAILABILITY

Are you able to volunteer on Saturday, June 20, 2026, from 9am to Noon?

Yes

No

Would you like to be part of a new volunteer group Friends of the Indian lake Pollinator Project?

Yes

No

INTERESTS & QUALIFICATIONS

Kind of volunteer assignment desired: _____

ACKNOWLEDGEMENT

I recognize that the opportunity to participate in the Town of Indian Lake volunteer program may involve physical labor and may carry a risk of personal injury and I hereby agree to assume all risks which may be associated with my participation.

I hereby release, discharge, waive and relinquish all claims, liabilities and damages I may sustain from bodily injury, personal injury or property damage and hold harmless the Town of Indian Lake its officers, directors, employees and agents.

Volunteer Signature: _____

Date: _____

Print Name: _____