

# WHRL Volunteer Questionnaire

Thank you for attending an information session with WHRL! We hope you learned more about our organization and developed ideas on how to volunteer with us. Please fill out this form as soon as you can, and someone from WHRL will follow up when opportunities become available! Thank you again.

\* Required

1. Which of these volunteer opportunities are you interested in? \*

*Check all that apply.*

- Gardening at Milbridge Commons Wellness Park
- Gardening at the IEM garden next to the Red Barn Motel
- Adopting and maintaining a pocket garden in town
- Seeding Reading Story Hour
- Harvest Table Cooking Class
- Milbridge Days Auction
- Winter Tree Festival and Auction
- Hosting an art/wellness workshop
- Hosting a gardening/food-based workshop
- 5K Events
- Supporting Outdoor Women Lead
- Supporting OWLette
- Representing WHRL at the Milbridge Farmers' Market
- Event Planning
- Other: \_\_\_\_\_

2. Please tell us if you have any previous work/volunteer/life experience that is relevant to volunteering with WHRL. \*

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3. What is your availability? \*

- Year-round
- Seasonal (Winter)
- Seasonal (Spring)
- Seasonal (Summer)
- Seasonal (Fall)

4. Please list the contact information of one person who can be a reference for you. \*  
*Include their name, phone number, and relationship.*

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5. Do you have any questions or concerns about volunteering with WHRL?

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**EMERGENCY  
CONTACT**

Please supply contact information for someone we can contact in case of an emergency.

6. Name of Emergency Contact \*

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7. Relationship to you \*

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8. Email of Emergency Contact \*

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9. Phone Number of Emergency Contact \*

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## Photo Release & Non-Discrimination Policy

10. I hereby grant Women for Healthy Rural Living (WHRL) permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration. \*

I understand and agree that all photos will become the property of WHRL and will not be returned.

I hereby irrevocably authorize WHRL to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge WHRL from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read and understand the above photo release.

*Mark only one oval.*

I accept.

I do not accept.

11. Women for Healthy Rural Living (WHRL) does not discriminate on the grounds of race, color, religion, sex, sexual orientation, transgender status, gender expression, national origin, citizenship status, age, disability, genetic information, or veteran’s status in employment, education, and all other programs and activities. As a volunteer with WHRL, you agree to this non-discrimination policy and will not discriminate in any way while volunteering with WHRL. \*

*Check all that apply.*

I agree

12. Date \*

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*Example: January 7, 2019*

13. Name (First & Last) \*

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14. Signature \*

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