



## VOLUNTEER APPLICATION

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Age: \_\_\_\_\_

Connection to Fermilab: \_\_\_\_\_

Volunteer Position applying for (check all that are of interest to you)

- Steward                       Plant Monitor                       Workday Volunteer  
 Committee(s)                       Other

Days you are normally available (List AM/PM or both):

Mon                       Tue                       Wed                       Thu                       Fri                       Sat                       Sun

How did you hear about us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your areas of expertise, training, interest, skills or any other information you would like us to know about you \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a non-traffic offense? (Answering Yes does not necessarily disqualify you).  
If so, describe: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_  
Name Relationship Phone

I fully understand that there are potential risks and hazards associated with exposure to hazardous materials or substances.

In signing this agreement, I acknowledge and represent that I have read and understand it and that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same. I AGREE TO ALLOW my minor child to participate in a research project at Fermilab National Laboratory and freely accept and assume all associated risks and hazards.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Under 18, must have parent or guardian signature

Return to: Fermilab Natural Areas  
PO Box 717  
Warrenville, IL 60555