



New York State Envirothon

Volunteer Sign-Up Form

Hobart & William Smith Colleges, Geneva, NY 14456

Name: _____

Affiliation: _____

Address: _____

Email: _____

Phone #: _____

Please pick your volunteer selection below:

- Volunteer Check-in & Welcome/Information Table (Wed & Thur)

WEDNESDAY

- Anywhere Needed
- Activities Monitor A.M.
- Activities Monitor P.M.
- Ice Cream Scooper
- Oral Presentation Day Judge
- Oral Presentation Escort
- Oral Presentation Score Sheet Collector
- Oral Presentation Score Sheet Grader
- Photographer
- Registration Escort
- Registration Table
- Snack Station
- Timekeeper-Oral Presentation-Day
- Timekeeper-Oral Presentation-Evening

THURSDAY

- Anywhere Needed
- Snack Table
- Teacher Exam Review Monitor
- Test Collector
- Test Grader
- Team Escort
- Test Site Set Up and Tents
- Test Site Clean Up and Tents
- Timekeeper-Testing

Dorm Room Needed: Yes No Tuesday Wednesday

Double-Roommate Request: Anyone Name: _____

Single Room (\$50 per night)

NOTE: You will be sharing a room with another adult of the same sex. If you elect not to share a room there is an additional charge of \$50 per night per person for a single room. Keep in mind these are dorm rooms; you need to bring linens and toiletries with you. You will not be booked into a hotel room. If you elect not to stay in an assigned room, there will be an additional fee charged to you. Sorry for any inconvenience this may cause but due to campus housing, we have no choice.

Dietary Restrictions: _____

Comments:

T-Shirt Size

___S ___ M ___ L ___ XL ___XXL



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Volunteer Release Form

Event-Hobart & William Smith Colleges, Geneva, NY 14456

Name: _____ Gender: Male Female

Address: _____

Emergency Contact Person: _____ Phone #: _____

Ethnicity (optional): Caucasian Hispanic Black American Asian Native American/First Nation

Name of Insured: _____ Insurance Company: _____

Please provide us with a copy of your insurance card; front & back (optional).

Allergies: _____

Medical Conditions: _____

Medications currently being taken: _____

Prescribing Physician Name & Phone Number: _____

Liability Release: I certify that the information described above is accurate and complete to the best of my knowledge. I understand this event may be strenuous and adverse weather conditions may occur. Nevertheless, I assume the risk involved. I understand each individual is responsible for his/her own insurance coverage during this trip. In the event of an accident, I authorize the New York State Envirothon to provide medical attention for me during this event. I hereby release, hold harmless, and indemnify the NYS Conservation District Employees' Association, Inc., the NYS Envirothon Committee, Hobart & William Smith Colleges and all their officers, agents, employees, and volunteers from any legal liability, claims, damages, and costs for any injury caused by or resulting from participation in the New York State Envirothon.

Volunteer Signature

Date

The volunteer Sign Up Form and Release Forms must be completed and returned **A.S.A.P.!**

E-mail completed forms to MaryLynne Malone at volunteer@nysenvirothon.com or mail to P.O. Box 39, Southfields, NY 10975. MaryLynne's contact numbers are 845-351-2967 or cell 845-234-5025.



New York State Envirothon

Volunteer Photo Release Form

Event-Hobart & William Smith Colleges, Geneva, NY 14456

Name: _____

Affiliation: _____

I hereby grant the right to photograph me and use the photo and/or digital reproduction or other reproduction of my physical likeness for publication purposes, whether electronic, print, digital or electronic publishing via the internet to the NYS Conservation District Employees' Association, Inc., the NYS Envirothon and Hobart & William Smith Colleges and to their employees, agents, assigns, and sponsors.

I do not wish to be photographed at this event.

Volunteer Signature

Date