



Muskingum Soil and Water Conservation District
225 Underwood Street, Suite 100
Zanesville, Ohio 43701-3784
Phone (740) 454-2027 Fax (740) 454-1451
www.muskingumswcd.org

VOLUNTEER AGREEMENT

Volunteer's Name _____ Date _____

I would like to volunteer at the Muskingum Soil and Water Conservation District (MSWCD). As a volunteer, I agree to follow all verbal and written directions given to me by MSWCD personnel. I will take full responsibility for my actions as a volunteer, and furthermore I will not hold the MSWCD, Muskingum County, or the State of Ohio responsible for any damages or injuries that may occur to me while volunteering.

I have received a copy of the current MSWCD Volunteer Requirements, Volunteer Position Description, and Volunteer Standards of Performance. I agree to abide by these policies. I understand that I may lose my opportunity to volunteer if I do not obey the rules and policies of the MSWCD.

Signature _____ Date _____

Address _____

City _____

Phone _____

Emergency Contact _____

Phone _____

MSWCD Administrator _____

Date _____