



**Lackawanna Heritage Valley
National and State Heritage Area**

Natalie Gelb, Executive Director
538 Spruce Street, Suite 516, Scranton, PA 18503
(570) 963-6730 ext. 8202
ngelb@LHVA.org

AMBASSADORS IN ACTION VOLUNTEER REGISTRATION

The Lackawanna Heritage Valley National and State Heritage Area (LHV) invites you to join Ambassadors in Action! Ambassadors in Action is a great way to use your talents, to develop skills, to meet new people, and to help the Heritage Valley accomplish its goals. Your support is invaluable!

Please complete and submit the following form to LHV so that we can get you started volunteering right away! To learn more about LHV and its programs, please visit www.LHVA.org.

CONTACT INFORMATION Please print clearly.

Name _____

Organization _____ Title _____

Address _____ Daytime Phone _____

City / State / Zip _____ Evening Phone _____

Email _____ Cell Phone _____

AGREEMENT AND SIGNATURE

Please read all of the information carefully and sign below. Your signature signifies that you have read and agree with the following statements pertaining to your participation in Ambassadors in Action:

- I understand that I am a volunteer and may terminate my association with the Lackawanna Heritage Valley (LHV) at any time.
- I agree to behave in conformity with the rules and regulations of Ambassadors in Action. Unacceptable or illegal conduct will result in dismissal from the Ambassadors in Action volunteer program.
- I am aware that volunteers may be photographed for educational, archival, or public relations purposes. I give my consent that photographs of the participant may be published the LHV.
- Since I agree to participate in all activities on a voluntary basis, I release LHV, Lackawanna Heritage Valley Authority (LHVA) and Heritage Valley Partners (HVP) from any liability for injury, illness or disease sustained during participation in activities related to the Ambassadors in Action program.

Signature _____ Date _____

Date of Birth _____ Age _____

If you are under 18:

Name of Parent/Guardian _____ Relationship _____

Signature of Parent/Guardian _____

FOR MORE INFORMATION

Volunteer Coordinator: Owen Worozbyt at oworozbyt@LHVA.org or (570) 963-6730 x 8212

PLEASE RETURN THIS FORM TO:

Ambassadors in Action c/o LHV
538 Spruce Street, Suite 516, Scranton, PA 18503
Fax: (570) 963-6732

THANK YOU!