



## Ambassadors in Action Volunteer Registration

The Lackawanna Heritage Valley Authority (LHVA) invites you to join Ambassadors in Action! LHVA seeks volunteers willing to use their time, skills, and energy to support the activities of the Lackawanna Heritage Valley and to improve our community. Joining Ambassadors in Action is a great way to use your talents, to develop skills, to meet new people, and to give back to our community.

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

### Contact Information (please print clearly):

First & Last Name \_\_\_\_\_  
Organization \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### 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 Authority (LHVA) and Ambassadors in Action at any time.
- I agree to behave in conformity with the rules and regulations of LHVA and 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 in LHVA materials.
- I understand that although LHVA and Ambassadors in Action maintain the highest safety standards, LHVA and Ambassadors in Action do not assume liability for accidents, illness, or disease.

\_\_\_\_\_  
Name (Please Print) Signature Date

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ If you are under 18, please provide:

Print Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Thank you for completing our questionnaire. Please return this form by postal mail, fax, or in person to:**

Ambassadors in Action  
Lackawanna Heritage Valley Authority  
538 Spruce Street, Suite 516, Scranton, PA 18503  
Fax: (570) 963-6732

Please direct questions to Chris Bludgus at [cbludgus@LHVA.org](mailto:cbludgus@LHVA.org) or (570) 963-6730 x8204.