



VOLUNTEER INFORMATION

PLEASE PRINT NEATLY!

Name _____ Phone (1) _____ Phone (2) _____

Email _____ Contact me by email Mail me postcards Neither

Address _____ City _____ Zip _____

Organization or School _____ Grade _____

Physical or Working Condition Limitations _____

EMERGENCY CONTACT

Name _____ Relation _____ Phone (1) _____

Address _____ Phone (2) _____

I am 18 years or older **OR** I am under 18 and my parent/guardian has signed below

SERVICE AGREEMENT

I will comply with all policies, rules, regulations, directives and instructions. I understand that instructions for safety will be given before each project is started. I understand I am an unpaid volunteer for Marin Municipal Water District (MMWD). I have read and agree to the following policies and conditions:

- I understand that this program may involve physical labor (e.g., manual pulling of non-native plants, trail building, hiking, etc.). I understand that the event will take place outdoors where natural hazards, such as poison-oak, uneven terrain, and changing weather may be encountered. MMWD staff will try to minimize the Participant's exposure to such hazards and will provide safety instructions before each project is started.
- I understand that MMWD holds its volunteers to the highest standards of personal behavior and any behavior that the District finds unacceptable is grounds for the immediate ending of the volunteer's participation.
- MMWD, its partner agencies, its staff members and volunteers can take photographs of the volunteer in connection with this program. MMWD and its partners may use and publish these photos in print and/or electronically for the purposes such as publicity, advertising and internet content.
- If the volunteer operates a private motor vehicle as part of his/her volunteer activities, he/she must file a certification of insurance coverage and mechanical safety of the vehicle.
- I agree to hold harmless, defend and indemnify MMWD, its officers, agents, employees, partners and volunteers from any and all liability and claims of any kind, including attorney's fees and costs, arising out of or in connection with Volunteer Program activities and my volunteer activities for that program.

MMWD reserves the right to end a volunteer's service at any time.

Volunteer Signature _____

Date _____

PARENTAL PERMISSION

I, the parent/guardian of the above participant, do hereby give my permission for this youth to participate in the Marin Municipal Water District's Volunteer Program. I understand that the program will have competent adult supervision and appropriate measures will be made to minimize the risk of injury. I understand that my signature acknowledges that this applicant is in good health and gives my consent for Marin Municipal Water District to arrange for emergency medical care and/or treatment that may be necessary for my child. I agree to hold harmless, indemnity and defend MMWD its officers, agents and employees from any and all liability arising out of or as a result of my son/daughter's participation in the MMWD Volunteer Program.

Parent/Guardian Name _____ Phone _____

Other Emergency Contact or Physician _____ Phone _____

Parent/Guardian Signature _____

Date _____

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

**YOU ARE NOW A MEMBER OF THE VOLUNTEER PROGRAM FOR MARIN MUNICIPAL WATER DISTRICT -
WELCOME TO A GREAT TEAM!!**