

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 _____ Year of Birth _____

EMERGENCY CONTACT

Name _____ Relation _____

Address _____ Phone _____

 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 Water. 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 maintenance, 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. Marin Water 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 Marin Water 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.
- Marin Water, its partner agencies, its staff members, and volunteers can take photographs of the volunteer in connection with this program. Marin Water and its partners may use and publish these photos in print and/or electronically for the purposes such as publicity, advertising, and internet content.
- I agree to hold harmless, defend and indemnify Marin Water, 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 Marin Water activities and my volunteer activities for that program.

Marin Water 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 Marin Water'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 Water to arrange for emergency medical care and/or treatment that may be necessary for my child. I agree to hold harmless, indemnity and defend Marin Water its officers, agents and employees from any and all liability arising out of or as a result of my child's participation in the 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 WATER

- WELCOME TO A GREAT TEAM!!