

Missaukee Conservation District – Volunteer Form

All district programs and services are offered on a nondiscriminatory basis.



Volunteer Application

Date:

Contact Information

Name (First and Last):

Address:

Phone:

E-mail:

Birthdate:

Preferred Method of Contact:

Phone # E-mail

Emergency Contact

Name/Relation:

Phone Number:

Tell us a bit about you

How did you hear about us?

Volunteer Experience:

Work Experience:

Relevant training:

CPR? Yes No Expires: _____

First Aid? Yes No Expires: _____

Do you have reliable transportation?

Yes No

Any physical limitations:

Skills Check List:

- Teaching
- Supervision
- Manual labor
- Outdoor recreation
- Crafts
- Horticulture
- Office support
- Organization
- Other: _____

Availability (Mark commonly available times)

	8am - 11am	12pm- 3pm	4pm- 7pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Availability expected to change? (date)

Preferred Settings:

- Assisting children (Ages 5-9)
- Assisting pre-teens
- Assisting teens (15 years+)
- Assisting elderly
- Working in a team
- Working outdoors
- Manual tasks

Volunteer Release and Waiver of Liability

Please read carefully! This is a legal document that affects your legal rights!

The Missaukee Conservation District (MCD) encourages and supports volunteers. As a volunteer, I have an important role in providing services and programs to the public.

I want to work as a volunteer for the MCD which appoints people like me to serve and to help the MCD. While I am serving as a volunteer, I have the same immunity from civil liability under Michigan law as an employee of the MCD. After becoming a volunteer, the MCD will provide me with support, supervision, training, and supplies for me to accomplish my assigned tasks.

Therefore, I do freely, voluntarily, and without duress, execute this Release and acknowledge the following terms:

- 1. Waiver and Release.** I do hereby release, waive, discharge and covenant not to sue the MCD, its board members and staff, from any and all liability to me, for all losses, injury, death or damage, and any claims or demands thereto, on account of injury to person or property, or resulting in my death in reference to the activities authorized in my work as a volunteer. I hereby covenant and agree to indemnify and save harmless, the MCD, its board members and staff, from any and all claims and demands, for all loss, injury, death or damage, that any person or entity may have to make, in any manner, arising out of any occurrence related to the activities authorized in my work as a volunteer.
- 2. Medical treatment.** I release and discharge MCD from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to me. I understand that I may not be entitled to workers' compensation.
- 3. Assumption of risk.** I understand that my work for the MCD may include activities that may be hazardous. I assume the risk of injury or harm in those activities I choose to do and release the MCD from all liability for injury, illness, and death or property damage occurring from my work for the MCD.
- 4. Insurance.** MCD does not have responsibility for providing any health, medical or disability insurance coverage for me. IT IS MY RESPONSIBILITY AS A VOLUNTEER TO INSURE I HAVE MEDICAL/HEALTH INSURANCE.
- 5. Photographic release.** I grant to MCD the right to use photographic images and video or audio recordings of me that are made by MCD or others during my work assignment for MCD, including royalties, proceeds or other benefits from use of the photographs or recordings.
- 6. Background check.** I understand that a criminal history check may be obtained prior to my appointment as a volunteer. By signing this agreement, I agree to a criminal history check and agree to provide MCD with my birth date.
- 7. Discrimination laws.** I agree to follow MCD's policy along with state and federal laws that forbid discrimination in employment, education, housing, public accommodation, law enforcement or public service based on a person's religion, race, color, national origin, age, sex, marital status, height, weight, or disability.
- 8. In-kind service.** The MCD is eligible for some grants that require us to match the dollars received from the grant. Many of these grants allow us to use in-kind services as a portion of this match instead of actual dollars. Your volunteer time may be used as an in-kind service to help us earn our match for some grants from federal or other sources. By signing this form, you consent to the use of your volunteer time as a possible in-kind match for grants received by the MCD.
- 9. Other.** I agree that this Release is intended to be as broad and inclusive as permitted by the laws of Michigan, and that this Release is governed by and will be interpreted according to the laws of Michigan. I understand that should any part of this Release be ruled invalid by a court, the other parts will remain valid and continue to be in effect.

Name (please print)

Date

Signature

Date of birth

Signature of Parent/Guardian (if minor)