

Volunteer Application

Name:	Date:
Address:	
Phone(s):	Please circle: Cell Home Work
	Please circle: Cell Home Work
E-Mail:	
Emergency Contact Name & Pho	ne:
	limitations or medical conditions that we need to be aware o
Previous Volunteer Experience:	
Hospitality House Special Events Comm	Carpentry Docent Gardening Maintenance Photography Social Media ittee Member (please specify):
Treat all staff, volunteers and vRespect the Conservancy's pro	s while volunteering for the Lord & Schryver Conservancy: sitors in a professional manner with courtesy and respect perty as a smoke-free and drug-free workplace working with tools and equipment
Signature of Volunteer:	
Print Full Name	Signature Date
Signature of Parent or Legal Gu	ardian if Volunteer is under the age of 18 years:
Print Full Name	Signature Date

Lord & Schryver Conservancy - Waiver, Release of Liability

In consideration of the valuable benefits to be acquired by me from participating in the volunteer program of the Lord & Schryver Conservancy, I do hereby, without reservation, waive, release, acquit and forever discharge the said Lord & Schryver Conservancy, its officers, agents and employees from any and all suits, claims, demands or assertions of liability of any nature whatsoever, for personal injuries, property damage, injury to incorporeal interests, or other like damages occasioned by, arising from or otherwise connected with my participation in the said program; and do hereby covenant that no action at law or suit in equity shall ever be brought against the said Lord & Schryver Conservancy, its officers, agents or employees on account of any matter herein above set forth. EXCEPTION: This waiver and covenant not to sue shall not operate to release or waive any claim or right of action against an officer, agent or employee of the Lord & Schryver Conservancy in his personal capacity for personal injuries intentionally and unlawfully inflicted by such officer, agent or employee.

I further declare that I am aware of the activity contemplated and of the hazards connected therewith; understand that I may be a passenger in vehicles operated by Lord & Schryver Conservancy employees; and understand that I will be a guest and not a passenger for hire or other consideration.

I further authorize the person in charge to secure any necessary emergency medical services in the event that such are necessary and I am unable to make conscious and competent decision as to my need therefor. I further agree to pay for such services and to save the Lord & Schryver Conservancy and its employees harmless therefrom.

The provisions of this instrument shall be binding on my heirs, executors, successors and assigns.

Signature of Volunteer	Date
Print Full Name	
Signature of Parent or Legal Guardian if Volunteer is u	nder the age of 18 years
Print Full Name and Relationship to Volunteer (i.e., Pa	rent, Legal Guardian)
Phone and E-mail of Parent/Legal Guardian	