

NOVATO BAYLANDS STEWARDS

Volunteer Intake Form

Please provide a hard-copy of this form with all required * fields completed.

Contact Information

Full Name:* _____ Date: _____
Last First M.I.

Preferred Pronoun:* They/Them She/Her He/His Ze/Zer _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Mobile Phone:* _____ Email:* _____

Emergency Contact Information

Name:* _____ Phone Number:* _____

Date Available: _____ How did you hear about NBS?*

What is one goal you have by volunteering with NBS? (For example, giving back, required community service, physical fitness, etc.) _____

I prefer to volunteer: Alone With Others No Preference

Do you have any physical condition that may limit your volunteer activities?*

YES NO

If yes, please explain:* _____

Day and Time Preferences (circle any number)*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8-10 am	Available	Available				
10-12 noon						
1-3 pm						

Activity Preferences (circle any number)*

Outdoor	Indoor	Planting	Watering	Weeding	Seed Collection	Seed Cleaning	Construction
Mulching	Plant/Soil/ Water Monitoring	Finance Accounting	Mowing	Education	Public Tours	Fund Raising	
Wildlife Monitoring	Newsletter	Media Website	Maintenance Safety	Other	_____		

NOVATO BAYLANDS STEWARDS

Acknowledgement of Risk Waiver and Release (Adult)*

Name* _____ **Phone*** _____
Email* _____

Address* _____

Group Affiliation (if any) _____

I wish to volunteer at the Hamilton/Bel Marin Keys Wetlands Restoration Project (referred to here as the "Wetlands"). I understand that my volunteer activities will occur on the Hamilton and Bel Marin Keys parcels in Novato CA, at project's native plant nursery, and potentially at off-site locations (such as seed collection sites in Marin County). I am aware that potential hazards to health and safety include but are not limited to: rough and/or muddy terrain, slippery rocks, poison oak, tool use, debris, inclement weather, sun exposure. I understand that I alone am responsible for evaluating my own physical abilities and limitations regarding Wetlands activities and will only perform volunteer work that I feel comfortable doing. I assume any and all risk of injury and harm (including the unlikely event of death) related to my participation in Wetlands activities.

I hereby waive, release and hold harmless Hamilton/Bel Marin Keys Wetlands Restoration Project project managers, officers, staff, contractors, volunteers and agents from any and all liability, claims, costs or damages (included but not limited to personal injury, property damage, or monetary loss) which may arise from my participation in Wetlands activities.

Hamilton/Bel Marin Keys Wetlands Restoration Project has my permission to take and use my photograph publicly to promote the Project. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I am 18 years or older and have read and understand the terms set forth in this Waiver and Release.

Date*

Participant's Signature*

NOVATO BAYLANDS STEWARDS

Acknowledgement of Risk Waiver and Release (Minor)

Name of Minor* _____

Phone* _____

Name of Parent or Guardian* _____

Email* _____

Address* _____

Group Affiliation (if any) _____

I hereby give permission for the above named minor to participate at the Hamilton/ Bel Marin Keys Wetlands Restoration Project Site (referred to here as "the Wetlands"). I understand that while the above named minor will primarily participate at the Wetlands, located in Novato CA. I am aware that potential hazards to health and safety include but are not limited to: rough and/or muddy terrain, slippery rocks, poison oak, tool use, debris, inclement weather, sun exposure. I understand that I alone am responsible for evaluating the above named minor's physical abilities and limitations regarding HWRP activities. I assume any and all risk of injury and harm (including the unlikely event of death) related to the above named minor's participation in HWRP activities.

For the above named minor, I hereby waive, release and hold harmless HWRP, its project managers, officers, staff, contractors, volunteers and agents from any and all liability, claims, costs or damages (included but not limited to personal injury, property damage, or monetary loss) which may arise from the above named minor's participation in HWRP activities.

The Hamilton Wetland Restoration Project has my permission to take and use my or my child's photograph publicly to promote the Project. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I am the parent or legal guardian of the above named minor and have read and understand the terms set forth in this Waiver and Release.

Date*

Parent's or Legal Guardian's Signature*

In case of emergency, I request that the following person be contacted:*

Name* _____ Phone* _____

Address* _____ Email* _____

Relationship* _____