

It is vital for insurance purposes that this contract is completed and submitted to the volunteer coordinator no later than the first day of work. This form must be completed by an adult over 16 years of age.

I hereby release, indemnify, and hold harmless Marin County Parks (MCP) and sponsors of the volunteer site from any and all liability claims, demands, and causes of action, of whatever kind or nature (including any injury caused by negligence) incurred by me or my child in conjunction with the volunteer work under the direction and control of the MCP.

I hereby consent to the use of photographs of me or my child, taken in any MCP volunteer activity, for the business and/or publicity purposes of the MCP. I understand that participation offers no remuneration.

GENERAL INFORMATION (Please Print All Information Clearly)

Last Name: _____ First Name: _____

Parent or Legal Guardian: _____

Street address: _____ City: _____ State: ____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

EMERGENCY CONTACT

Name: _____ Phone #: _____

JOB DESCRIPTION

VOLUNTEER RESPONSIBILITIES

1. Report hours monthly
2. Fulfill obligations outlined in job description

SIGNATURES

Volunteer Signature

Date

Parent or Legal Guardian Signature

Date

Coordinator Signature

Date