

Friends for the Abbott Marshlands

Volunteer Application

Name:	
Address:	
City:	
Home Phone:	
Emergency Contact:	
Emergency Contact Phone:	
Email:	/// J.
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☐ See attached	
I hereby authorize Friends for the Abbott Marshlands volunteers to act on my behalf in the event of an emergency involving myself or my child while participating in any volunteer activity sponsored by the Friends for the Abbott Marshlands. I further release Friends for the Abbott Marshlands and D&R Greenway Land Trust from any liability in connection with any and all medical services that may be rendered in the context of said emergency. I hereby irrevocably consent to and authorize the Friends for the Abbott Marshlands (Friends) and anyone authorized by the Friends, the use and the reproduction of any and all photographs taken of me or of an individual for who I am the legal guardian	
for the purpose of furthering the objectives of the Friends and without further compensation to me. The photographs, negatives and digital images shall be the property of the Friends and its parent organization, D&R Greenway Land Trust.	
Signature:	Date:
Parent or Guardian Name:	
Parent or Guardian Signature:	
Date of Birth (if under 18 years of age):	
Volunteer Areas of Interest:	General Availability:
☐ Community Outreach ☐ Fundraising	☐ Weekends
☐ Stewardship ☐ Special Events	☐ Weekdays
Programs	☐ Evenings
Specific Interests:	

