



Friends for the Abbott Marshlands Volunteer Application

Name: _____

Street: _____

City,State,Zip: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

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 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.

By signing, I acknowledge that I have thoroughly read and understand the information in the Volunteer Handbook and agree to abide by the information, terms, policies, and procedures that have been set forth by the Friends for the Abbott Marshlands. I understand if I violate any of the policies and procedures my volunteering privileges can be revoked.

Signature: _____ Date: _____

If under 18 years of age only: Date of Birth: _____

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Volunteer Areas of Interest:

- Community Outreach Fundraising Education
- Stewardship Special Events Technology
- Programs Publicity Remote

General Availability:

- Weekends
- Weekdays
- Evenings

Specific Interests: _____

