

EATON CONSERVATION DISTRICT

551 Courthouse Dr, Ste 3
Charlotte, MI 48813
(5170 543-1512 x 5
Fax (855) 693-2500
www.eatoncounty.org



Position of Interest: _____

Start Date of Volunteer Service (month and Year): _____

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (home): _____ PHONE (work): _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____

PHONE: _____ RELATIONSHIP: _____

Please list any allergies, medications and/or physical limitations of which we should be aware:

OTHER Please indicate what days and times you would generally be available for volunteering, meetings, and training:

Would you be available or interested in volunteering for special events or episodic volunteering? (These would be limited or flexible commitments. We offer very flexible schedules to accommodate any volunteer's needs.) If yes, what kind of schedule would best fit you?

EDUCATION OR COMPARABLE EXPERIENCE

Major areas of study: _____

Other areas of interest: _____

WORK OR VOLUNTEERING EXPERIENCE Current or previous relevant work experience:

Please circle any projects you are interested in, put a star next to ones you have experience in:

- | | | | |
|--------------------------|----------------|-------------------------------|----------------|
| INVASIVE SPECIES CONTROL | FUNDRAISING | PHOTOGRAPHY | WRITING |
| SURVEYING | GARDENING | PUBLIC SPEAKING | GRAPHIC DESIGN |
| RESEARCH | EVENT PLANNING | MAILINGS | TEACHING K-12 |
| OFFICE WORK | TREE PLANTING | BOATING/CANOEING | |
| WEBSITE DESIGN | NATURE WALKS | COLLECTING WATER QUALITY DATA | |
| SOCIAL MEDIA | RIVER CLEANUP | HISTORICAL KNOWLEDGE | |

Do you have any other relevant skills not revealed by the above question? If so, please specify:

Occasionally ECD will use photographs taken during District events for marketing and educational purposes. Please sign the waiver below if you permit us to use photographs of you for this purpose.

WAIVER

I HEREBY GRANT PERMISSION TO Eaton Conservation District TO USE MY LIKENESS FOR PROMOTIONAL PURPOSES OR PUBLICITY.

Signature _____

Signature Date _____

Thank you for offering to lend your time and talent!

How did you find out about volunteering at ECD? _____

The mission of ECD is to promote and encourage cooperation with other individuals, groups, organizations, or agencies in an organized effort to conserve and improve the natural resources in Eaton County.

**Eaton Conservation District
Volunteer Waiver, Release of Rights &
Emergency Treatment Authorization Form**

1. I am interested in volunteering with the Eaton Conservation District. I understand that volunteer activity can be hazardous, and that I may be harmed or injured while participating in the Activity, being present at or near the location of the Activity, or arriving at or returning from the Activity, perhaps in unexpected ways.
2. I understand that the Eaton Conservation District makes no representations or warranties as to the safety of the Activity and is not an insurer of my safety. I also understand that the Eaton Conservation District does not control the location of the Activity, or the land/water on which it occurs. Furthermore, I understand that there is no insurance coverage for the Activity.
3. Having considered the potential risks and knowing that there may be risks of which I am unaware, I willingly volunteer to participate in the Activity, and I agree to waive any claim I may have, or which might accrue, against the Eaton Conservation District based in any way on my participation in the Activity. Furthermore, I release the Eaton Conservation District from any potential liability and shall hold the Eaton Conservation District harmless from and agree not to sue the Eaton Conservation District for any damages, harm or injury I suffer while participating in the Activity.
4. If I am injured so as to require emergency medical treatment, and if my family member(s) cannot be contacted easily to authorize treatment, I authorize emergency medical treatment for myself so that I will not go without proper medical care.
5. An adult must accompany all volunteers under 12 years of age.
6. I understand waiver will remain in effect as long as I participate in this program.

Volunteer Name

Parent/Guardian Name (if volunteer is less
Than 18 yrs. of age)

Volunteer Signature

Parent/Guardian Signature