



Madrona Marsh Preserve and Nature Center Volunteer Application

PLEASE PRINT CLEARLY IN DARK INK!

Today's date: _____

Name: _____
(Last name) (First Name) (Middle Initial)

Address: _____ City: _____ Zip: _____

Day Phone: (____) ____ - _____ Evening Phone: (____) ____ - _____

CA Drivers License #: _____ Expires: _____

Are you under 18 years of age? Yes No
If under 18, parental consent is required

Education: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 6+ Degree: _____

References

Please list two references below (*no relatives*), including phone number:

	<u>Name</u>	<u>Relationship:</u>	<u>No. of years acquainted:</u>	<u>Phone #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Emergency Contact

Individuals to contact in case of an emergency: (*minors are required to sign medical releases*)

	<u>Name</u>	<u>Relationship:</u>	<u>Phone:</u>
1.	_____	_____	_____

Reason for Volunteering

How did you learn about the volunteer program? _____

Why do you want to volunteer for the restoration program? (*Required for school club, court-ordered, etc.*)

(Over)

Madrona Marsh Preserve Volunteer Application (cont.)

WAIVER AND RELEASE OF LIABILITY

I, the undersigned, certify that I am in good physical condition and wish to participate in Restoration at the Madrona Marsh Preserve where I will be performing physical work such as planting or weeding. I hereby acknowledge that I have voluntarily applied to participate in Restoration through the City of Torrance.

In consideration of my participation in the days' activities, I voluntarily release the City of Torrance, its respective officers, agents, employees, members, and volunteers from any and all liability for injuries or death or property damage resulting from or in any way connected with my participation in clean-up day activities, that this waiver and release is applicable even though the negligent activities of the City of Torrance, its respective officers, agents, employees, members, or volunteers may have caused or contributed to the injury or death or property damage, and this document is binding on my heirs and dependents as well as myself. Additionally, this Waiver and Release will apply to any injury, death, and/or property damage caused or allegedly caused by a dangerous condition of public property. I freely and voluntarily expressly assume all the risks of participating in these restoration activities.

I understand that during restoration activities, I may be photographed. I agree to allow photo, video, or film likeness of me to be used for any legitimate purpose by the City of Torrance, its respective officers, agents, employees, members, volunteers, officials, producers, sponsors, organizers, and/or assigns.

All participants 14 years of age or under, must be accompanied by an adult.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER AND RELEASE OF LIABILITY BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Print Name of Participant

Signature of Participant

Date

IF PARTICIPANT IS UNDER 18, THE PARENT(S) OR GUARDIAN(S) MUST SIGN.

THE ABOVE PARTICIPANT HAS MY PERMISSION TO PARTICIPATE IN THE RESTORATION ACTIVITIES. I HAVE READ AND AGREE TO THE PROVISIONS STATED ABOVE. I KNOW OF NO HEALTH LIMITATIONS WHICH MAY RESTRICT THIS VOLUNTEER'S PARTICIPATION IN THIS ACTIVITY.

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date



Please Return to:

Melissa Loebel
Madrona Marsh Preserve
3201 Plaza Del Amo
Torrance, CA 90503
(310) 782-3989
V-9-05-18