



San Joaquin River
Parkway and
Conservation Trust, Inc.

VOLUNTEER SERVICE AGREEMENT

Volunteers for the San Joaquin River Parkway and Conservation Trust are critical members of the Parkway effort. As a volunteer you will be provided training and supervision for your assigned task and the opportunity to attend occasional “volunteers

only” events.

Volunteers are expected to do the following: Serve as a representative of the Trust during Trust activities and act appropriately. Follow rules and instructions from Trust staff pertaining to the particular activity you are involved in. Attend training sessions for the activities and programs you wish to participate in. Conduct all work in a safe and appropriate manner, i.e., use tools only for their intended uses.

Liability Release:

In consideration of non-paid training and work experience provided by the San Joaquin River Parkway and Conservation Trust, I do hereby release and forever discharge myself and for my heirs, executors, administrators, successors, and assigns, the San Joaquin River Parkway and Conservation Trust, its officers, agents, employees, and suppliers of and from all claims, demands, actions, or causes of action now existing or which may hereafter arise on account of illness or injuries sustained by me by reasons of said training and work experience and of and from all claims whatsoever in law or in equity, which I, myself, my heirs, executors, administrators, successors, or assigns, have or may have by reason of any matter, cause or thing whatsoever prior to the date hereof or hereafter.

I hereby grant full permission to the River Parkway Trust or agents authorized by it to use any photographs, video tapes, motion pictures, recording or any other record of the volunteer event for any legitimate purpose. Further, I hereby waive any right I may have to inspect or approve the finished product.

Check this box to OPT OUT from being added to our mailing list.

Signature of Volunteer

Date

Daytime Phone

Print Volunteer Name

Email Address

Address

City

State

Zip

If minor, signature of parent or guardian

Date

Emergency Contact

Phone