



VOLUNTEER APPLICATION

Thank you for your interest in Salem Sound Coastwatch and for your willingness to join us in our efforts to enhance and protect the environmental quality of Salem Sound and its watershed. Please take a moment to complete this form, so that we can better match our programs with your interests, personal goals, and availability.

CONTACT INFORMATION

Name

Address

City

State

Zip

Phone

Email

Are you 18 years or older? ____ Yes ____ No

EMERGENCY CONTACT INFORMATION

Name

Address

City

State

Zip

Phone

Relationship

INTEREST AREAS

Please check the categories below representing areas in which you are (or may be) interested in volunteering:

- Cleanups
- Education Programming
- Invasive Plant Removal
- Marine Invasive Species Monitoring Program
- Clean Beaches & Streams Program
- Greening Gateway City Program
- Rain Garden Team
- Fundraising
- Office Assistance
- Other: _____

Please check the communities in which you are most interested in volunteering:

- Manchester Beverly Danvers
- Peabody Salem Marblehead
- Willing to occasionally travel within/throughout watershed or to other communities in Essex County
- Other _____

While no experience is required to participate in SSCW's volunteer training programs, we are always interested in learning more about our volunteers' backgrounds. Please describe any prior, related experience you may have (in environmental monitoring, natural history, sciences, education, etc.).

What personal goals do you have for your involvement with Salem Sound Coastwatch? What do you hope to get out of your volunteer experience?

AVAILABILITY

How many hours per week or per month could you give to a volunteer position?

Do you have access to transportation to monitoring/study sites? _____

Please circle the time periods below during which you are most likely to be available (for training sessions, volunteering, etc.)

Sunday	Morning	Afternoon	Evening
Monday	Morning	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening
Thursday	Morning	Afternoon	Evening
Friday	Morning	Afternoon	Evening
Saturday	Morning	Afternoon	Evening

(Optional) Do you have any physical limitations that could prevent you from conducting certain types of fieldwork or possess any medical conditions that SSCW should be aware of?

GENERAL LIABILITY RELEASE

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE ABOVE VOLUNTEERING, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the Salem Sound Coastwatch, event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity, on my own behalf.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, Salem Sound Coastwatch, its successors, or assigns, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE Salem Sound Coastwatch, its successors, or assigns, and the activity holders, sponsors, and volunteers concerning and from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence or otherwise.

I acknowledge that Salem Sound Coastwatch, its successors, or assigns, and the activity holders, sponsors, and volunteers are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent personally to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law, including but not limited to M.G.L.ch. 17C.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signature

Date

Signature of Parent/Legal Guardian if under 18

Date

PHOTOGRAPHIC RELEASE

I understand while participating in the above Event, I may be photographed, videoed, or filmed. Unless I expressly opt out by initially in the space provided below, I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Salem Sound Coastwatch, activity holders, producers, sponsors, organizers, and assigns.

I do not wish to have any photograph, video, or film likeness to be used by Salem Sound Coastwatch.

Signature

Date

Signature of Parent/Legal Guardian if under 18

Date

Thank you for taking the time to complete this questionnaire.
Any questions, give us a call at 978-741-7900 or email us at info@salemsound.org
Please mail the completed form to:
Salem Sound Coastwatch
12 Federal Street
Salem, MA 01970