



Join The Mohawk Valley Stewardship Council

501 (c)(3) Non-Profit Corporation

To Benefit Restoration of White Sulphur Springs Ranch



Volunteer Application

(ALSO PLEASE COMPLETE BACK OF THIS FORM)

CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email1 _____ Email2 _____

VOLUNTEER SKILLS (select the skills you would like to offer in your volunteer service)

<input type="checkbox"/> General Help	<input type="checkbox"/> Artist	<input type="checkbox"/> Audio Equip.	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Computers
<input type="checkbox"/> Construction	<input type="checkbox"/> Cooking	<input type="checkbox"/> Docent	<input type="checkbox"/> Educator	<input type="checkbox"/> Electrician/Lic.
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Grants	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> H/Equip. Operator
<input type="checkbox"/> Historian	<input type="checkbox"/> Interior Design	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Marketing	<input type="checkbox"/> Music
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Painter/Lic.	<input type="checkbox"/> Photography	<input type="checkbox"/> Plumber/Lic.	<input type="checkbox"/> Publicity
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Retail/Merchandise	<input type="checkbox"/> Sales	<input type="checkbox"/> Scrapbooking	<input type="checkbox"/> Woodworking

VOLUNTEER INTERESTS (list the things you would like to do while volunteering with us)

NOTES (OFFICE USE ONLY)

MAIL APPLICATION TO: **MVSC, Attn: Volunteering, P.O. Box 25, Clio, CA 96106-0025**

or EMAIL TO: **Volunteer@whitesulphurspringsranch.com**

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the “release”) executed on _____ (date)
By _____ (“Volunteer”) releases Mohawk Valley Stewardship Council, (“MVSC”), a nonprofit corporation organized and existing under the laws of the State of California and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for MVSC and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with MVSC is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that MVSC will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to MVSC.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless MVSC and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to MVSC. I understand and acknowledge that this Release discharges MVSC from any liability or claim that I may have against MVSC with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to MVSC or occurring while I am providing volunteer services.
2. Insurance: Further I understand that MVSC does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of MVSC beyond what may be offered freely by MVSC in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge MVSC from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with MVSC.
4. Assumption of Risk: I understand that the services I provide to MVSC may include activities that might be hazardous to me including, but not limited to gardening, raking, cooking, carpentry, painting, and cleaning. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release MVSC from all liability.
5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by MVSC in connection with my providing volunteer services to MVSC.
6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Name

Signature of parent/guardian if Volunteer is under 18)

Name