

Stillwaters Environmental Center Registration Form

Name:			
Name:(Last)	(First)	(1	Nickname Preferred)
Address:(P.O. or Street)	(C'1)	(6, 1)	(7.)
(P.O. or Street)	(City)	(State)	(Zip)
Home Phone:	Mobile Phone	::	
Work Phone:	Primary Phone	e # for contact:H	omeMobileWork
Email:			
Email / Newsletter Interest(s), Check all that a	pply:Events and Pro	gramsWeekly F	Email Newsletter
Quarterly Email	NewsletterQuarterly Pa	nper Newsletter	Volunteer Information
Facebook Page:	Twitter Handle:		
LinkedIn Page:	Website:		
Birth Date:*if under-age (under 18) please have additional sig	gnature completed by pare	ent/legal guardian on back page.
Valid Driver's License: Y / N Willing to driv	ve other volunteers to sites/ev	ents? Y/N	
Employer / Position:		_ Does your employe	er match donations? Y/N
Interested in becoming a Member of Stillwa	aters, or would like to learn	more about our mem	bership program? Y / N
The following information will assist us to g	give you an appropriate & i	nteresting volunteer	· project!
Do you know the time commitment you could	give to a volunteer assignme	ent?	
Hours per month or Hours per	er week or Total	l community service	hours needed
Day(s) available to volunteer:Monday	_TuesdayWednesday	_ThursdayFriday	SaturdaySunday
Does your employer allow for paid Volunteer	Time Off (VTO)? Y / N		
Will you have under-aged (under 18) individu * Please have additional signature completed b			u? Y / N
Name(s):			
Greatest areas of interest: (check all that ap	oply)		
Scientific/MonitoringEducation / O	utreachGardening/Yard	l Work/Trails/Nurser	yConstruction
Consulting ServiceOffice / Clerical	/ MiscEvents/Fundrais	singTechnology	Other:
Resources to share: (i.e. chainsaw)	Physical/M	edical limitations:	

Date_____

EMERGENCY CONTACT		
IN CASE OF EMERGENCY CONTACT:		
Phone:	Relationship:	
Is your Emergency Contact local? Y	/ N	
VOLUNTEER'S PHOTO RELEA	ASE	
	, I hereby grant Stillwaters Environmental Center permission to use my likeness other digital media) for publication. Publication may include online postings, letters,	
Signed:	Print Name:	
VOLUNTEER'S WAIVER OF L	ABILITY	
	nd its staff do their absolute best to assure the safety and security of all participants in activities. However there is a certain amount of risk inherent in participating in any	
negligence on my part or others not	onmental Center and its employees responsible for any liability resulting from employed by or representing Stillwaters. Furthermore, I agree not to hold Stillwaters or any expenses, claims, or losses over and above its equitable share of liability or foomic damage.	
	due to health or other conditions that would negatively impact my ability to pt as my personal risk the hazards of participating in this program and its	
I am aware that I will not receive an benefits under workers' compensati	y compensation for my services. I also understand that I am not covered for medical on insurance.	
I accept these conditions.		
Signed:	Print Name:	
FOR UNDER-AGED INDIVIDUA	ALS	
	mission for this under-aged (under 18) individual to volunteer or participate with ad comply with the above Photo Release and Waiver of Liability.	
Signed:	Print Name:	
	Time radio.	

Please return this form to: Stillwaters Environmental Center 26059 Barber Cut Off Road Kingston WA 98346 info@stillwatersenvironmentalcenter.org For office use:
Entered Blm: _____
Shared: M / N / L / J
Welcome Email Sent: _____
Notes:

Version: 6/19