



Stillwaters Environmental Center Registration Form

Date _____

Name: _____
(Last) (First) (Nickname Preferred)

Address: _____
(P.O. or Street) (City) (State) (Zip)

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Primary Phone # for contact: Home / Mobile / Work

Email: _____

Email / Newsletter Interest(s), Select all that apply: Events and Programs / Weekly Email Newsletter
Quarterly Email Newsletter / Quarterly Paper Newsletter / Volunteer Information

Facebook Page: _____ Twitter Handle: _____

LinkedIn Page: _____ Website: _____

Birth Date: _____ *if under-age please have additional signature completed by parent/legal guardian on.

Valid Driver's License: Y / N Willing to drive other volunteers to sites/events? Y / N

Employer / Position: _____ Does your employer match donations? Y / N

Interested in becoming a **Member of Stillwaters**, or would like to learn more about our membership program? Y / N

The following information will assist us to give you an appropriate & interesting volunteer project!

Do you know the time commitment you could give to a volunteer assignment?

_____ Hours per month or _____ Hours per week or _____ Total community service hours needed

Day(s) available to volunteer: Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday

Does your employer allow for paid Volunteer Time Off (VTO)? Y / N

Will you have under-aged individuals volunteering or participating in events with you? Y / N

* Please have additional signature completed by parent/legal guardian on back page.

Name(s): _____

Greatest areas of interest: (check all that apply)

_____ Scientific / Monitoring _____ Education / Outreach _____ Gardening / Yard Work / Trails / Nursery

_____ Construction _____ Consulting Service _____ Office / Clerical / Misc. _____ Technology Other: _____

Resources to share: (i.e. chainsaw) _____ Physical/Medical limitations: _____

EMERGENCY CONTACT

IN CASE OF EMERGENCY CONTACT: _____

Phone: _____ Relationship: _____

Is your Emergency Contact local? Y / N

VOLUNTEER’S PHOTO RELEASE

As indicated by my signature below, I hereby grant Stillwaters Environmental Center permission to use my likeness (captured in a photograph, video or other digital media) for publication. Publication may include online postings, letters, brochures, etc.

Signed: _____ Print Name: _____

VOLUNTEER'S WAIVER OF LIABILITY

Stillwaters Environmental Center and its staff do their absolute best to assure the safety and security of all participants in Stillwaters programs and volunteer activities. However there is a certain amount of risk inherent in participating in any outdoor activity.

I agree not to hold Stillwaters Environmental Center and its employees responsible for any liability resulting from negligence on my part or others not employed by or representing Stillwaters. Furthermore, I agree not to hold Stillwaters Environmental Center responsible for any expenses, claims, or losses over and above its equitable share of liability or for any amount in excess of actual economic damage.

I also confirm that I have no reason due to health or other conditions that would negatively impact my ability to participate in this program and accept as my personal risk the hazards of participating in this program and its corresponding activities.

I am aware that I will not receive any compensation for my services. I also understand that I am not covered for medical benefits under workers’ compensation insurance.

I accept these conditions.

Signed: _____ Print Name: _____

FOR UNDER-AGED INDIVIDUALS

As parent/legal guardian, I give permission for this under-aged individual to volunteer or participate with Stillwaters Environmental Center and comply with the above Photo Release and Waiver of Liability.

Signed: _____ Print name: _____

**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 Note:
