



Volunteer Services Registration and Waiver

Please read and sign this waiver and we will include you in any invites for upcoming volunteer opportunities. Your time here is valued and appreciated. Thank you for making the ODC Network a part of your day!

Name of Volunteer (please print): _____

Phone: _____

Email Address: _____

Preferred Volunteer Start Date: _____

Number of Hours/Week Preferred: _____ Days/week Preferred: _____

I am interested in volunteering at and with

- DeGraaf Nature Center
 - Trail maintenance including but not limited to trimming trees and pulling weeds
 - Cleaning inside the Visitor Center
 - Dusting Taxidermy
 - Washing Windows
 - Cleaning animal enclosures
- Outdoor Discovery Center
 - Trail maintenance including but not limited to trimming trees, pulling invasive species, filling sandboxes, clearing brush, planting native species
 - Animal husbandry and feeding
 - Reptiles & Amphibians
 - Live Birds of Prey – this will entail more training and supervision
 - Assisting with program setup and being an extra set of hands during a program like fishing, archery, etc.

I desire and agree to volunteer for the ODC Network in the volunteer activities described above. I further understand and agree as follows:

1. I am committed to volunteering with the ODC Network at both DeGraaf Nature Center and the Outdoor Discovery Center.
 - a. I will volunteer 2 days/week – location TBD
 - b. I will work 3-4 hours each day
2. I am committed to volunteering for six months and agree to meet to talk about committing to another 6 months if all parties are benefiting.
3. I agree to wear appropriate clothing for volunteering – jeans, close-toed shoes, t-shirt, shorts, sweatshirt, etc. I will pay attention to the weather to make sure I am dress for the elements.
4. I am donating my time and services without any compensation and shall at no time be considered an employee of the ODC Network and the ODC Network will not provide insurance coverage for me.
5. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity.

- a. I have been open and honest with the ODC Network in my capabilities and they understand any restrictions I may have.
6. I will partake in any training necessary to make sure I fulfill the tasks listed above.
7. I assume all risks of participating in this volunteer activity and full responsibility for my conduct and action, including any injury to myself or others or damage to property that may result while volunteering, and I understand that the ODC Network is not responsible for conditions that I create myself or those created by other volunteers or participants.
8. I agree to release, hold harmless and indemnify the ODC Network, its employees and volunteers from and against any and all loss, damage, expense or cost (including attorney fees) of any kind for injuries (including property damage, personal injury, disability, and death) arising out of this volunteer activity, whether cause by the negligence of the town or otherwise.
9. I understand that the ODC Network can terminate this volunteer contract if I am not meeting expectations.

I (parent/legal guardian if volunteer is under 18) have carefully read this waiver and understand and agree with all of its terms and conditions.

Signature of Volunteer: _____ Date: _____

Signature of Parent/legal guardian (if under 18): _____ Date: _____

Please know that in the event of an emergency we will contact medical response teams. Please provide an emergency contact(s) with name and phone numbers:

Name (s): _____

Relationship: _____

Phone Number: _____