



CATALINA ISLAND CONSERVANCY

Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

_____ Cell Phone: _____

_____ Email: _____

Employer: _____ Education/Degree: _____

Occupation: _____ Field: _____

Age Group: Under 18, 18 - 39 40 - 54 Over 55 Gender: ___ Female ___ Male

Days Available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

How many hours can you devote to volunteering? ___ Per Week ___ Per Month ___ Per Year

Please check any area(s) you have an interest in:

Island Restoration

- Native Plant Gardening
- Hiking ~ Field Projects
- Vegetation Monitoring
- Invasive Weed Removal
- Fence Removal
- Construction/Maintenance

Organizational Support

- Newsletter/Graphic Design
- Fundraising
- Mailings
- Administrative Assistance
- Internet/Library Research

Windward Beaches

- Administrative Assistance
- Construction/Maintenance
- Fundraising

Wildlife Monitoring

- Bird Surveying
- Wildlife Data Recording
- Marine Research Diving

Community Outreach

- Volunteer Naturalist
- Visitor Information
- Special Events
- Coordinating
- Volunteer Crew Leader
- Trail
- Construction/Maintenance
- Photography/Artist

Volunteer Ranger*

*Positions are limited to availability and require extensive training, as well as a commitment to participate regularly. If you are interested in being a volunteer ranger, please contact (310) 510-2595 ext. 110

Please list any special skills: _____

Do you have a vehicle on the island? No Golf Cart 2-wheel drive 4-wheel drive

How did you hear about us? Friend Relative Radio T.V Newspaper

Internet Walk-in Island Tour Conservancy Staff Other: _____

Please complete other side



CATALINA ISLAND CONSERVANCY

VOLUNTEER RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

Volunteer understands that this is a release of volunteer’s right to sue.

In consideration for permitting Volunteer to participate in these, and all subsequent activities at The Santa Catalina Island Conservancy Volunteer Department (“Volunteer Dept.”), Volunteer hereby assumes all risks involved in the use of Santa Catalina Island Conservancy (“SCIC”) roads and property; and Volunteer, for himself/herself, his/her heirs, executors, successors and assigns, hereby waives and releases any and all claims, demands, or rights of action, in law or in equity, known or unknown, against SCIC, and any and all owners of the land over which SCIC roads pass (“Owners”), and the officers, directors, members, agents and employees of either, arising from or by reason of any death, injury, loss or damage to Volunteer regardless of responsibility for negligence, arising out of or resulting from the use of said property or roads, unless the same be attributable to the gross negligence or willful misconduct of SCIC or Owners, or the officers, directors, members, agents or employees of either.

Volunteer further agrees to indemnify and hold harmless SCIC and Owners, and the officers, directors, members, agents or employees of either, from any and all losses, claims, liabilities or expenses of whatever kind, regardless of responsibility for negligence, arising out of or resulting from any use of the roads and/or property of SCIC or Owners, or arising out of any activities of or relating to the activities of Volunteer Dept., whether authorized or not.

Volunteer has carefully read this RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT and fully understands its contents. Volunteer is aware that this is a release of liability and a contract between Volunteer and any and all of the above-mentioned persons, entities, or organizations. Volunteer signs of his/her own free will. This Agreement shall be binding on Volunteer, his/her heirs, next kin, assigns, and any personal representatives, past, present or future. Volunteer understands that this Agreement applies to all subsequent activities of the Volunteer Department.

Volunteer (Please Print) _____ Phone _____
Address _____ Email _____
City, State, Zip _____
Signature _____ Date _____

By signing this Agreement, I consent to having all photo/video documentation recorded by SCIC personnel used for educational, media-related, and promotional purposes by SCIC.

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name (Please Print) _____ Telephone _____
Address _____ City, State, Zip _____
Relationship to You _____

Please specify any physical/medical limitations: _____

Please note any medical conditions (i.e. allergies, diabetes, asthma, heart problems, etc.): _____

Please Return Completed Application to:

Catalina Island Conservancy
Volunteer Department
P.O. Box 2739, Avalon, CA 90704
(310) 510-2595 ext 110 • Volunteers@CatalinaConservancy.org
Online application: www.CatalinaConservancy.org