



CATALINA ISLAND CONSERVANCY

GROUP VOLUNTEER APPLICATION FORM

Name or type of group:

As you begin to plan your volunteer outing with the Catalina Island Conservancy you will need to choose an individual from your group who is willing be your Group Coordinator. The responsibilities of the Group Coordinator include arranging project dates and times, contacting the Conservancy's Volunteer Coordinator, keeping all participants informed by meeting with your group before your volunteer outing and participating in the volunteer project with your group.

Group Coordinator :

(name) (phone #)_____

(mailing address) (city) (zip)

(email) (alt phone #)

Proposed date(s) of project(s)_____

Proposed type(s) of project(s)_____

Number of people (minimum of 6, maximum of 14)_____

Abilities and talents _____

Age group(s) _____

List any prior volunteer experience your group has done together _____

Reason(s) for volunteering? _____

Have you volunteered for the Conservancy before?_____ When?_____

How did you discover the Catalina Island Conservancy's Volunteer Program? _____

What topics about the Conservancy and Catalina would you like to learn about?

Mail: Catalina Island Conservancy Volunteer Dept. – PO Box 2739 – Avalon, CA 90704 ~ Fax 310-510-1451 Or email to LLieberman@Catalinaconservancy.org

Donations to the Conservancy are greatly appreciated- Please make checks payable to: Catalina Island Conservancy and indicate Volunteer Department in the memo section

CHECKLIST & INFORMATION SHEET

- Group Application** – Complete Group Application and fax to the Catalina Island Conservancy. 310-510-1451.
- Volunteer Application/Waiver** – Copy and distribute appropriate waivers to participants. Completed waivers must be received by Conservancy Volunteer Dept. before group arrival. The service trip may be cancelled if anyone lacks these completed documents.
- What to Bring** – Copy and distribute the What to Bring list to all participants (see below). Emphasize importance of appropriate clothing for working in the field with hazardous tools and equipment.
- Itinerary** – Discuss the itinerary with the participants. This will be emailed to you before you arrive.
- Boat Reservations** – Schedule your boat transportation (far in advance) with the Catalina Express 310-519-1212. If coming from Orange County, Ca., call the Newport Flyer at 800-830-7744.
- Travel Arrangements** – Please schedule ample time to arrive to the boat terminal before departure. If possible, please arrive in Avalon before 3pm. We may not be able to accommodate last minute changes to the group arrival time (ie. if the group misses their boat), as our staff and volunteer driver schedules are created weeks in advance.
- Notify Coordinator** – Call the Volunteer Coordinator at (310) 510-2595 (ext. 112) to inform of boat itinerary information, the number of individuals coming and the age group of the participants.
- Food** – We recommend that you bring as much non-perishables as you can, as the prices at our grocery store are higher than you find at home. We will stop at Von's so you can pick up items that need to be refrigerated.
- Review** all application materials.

Emergency Procedures: In the event of an emergency, a response unit can respond within 15 minutes. The hospital is 15 minutes from the Volunteer Camp.

Emergency Contact Information: Participants can get emergency assistance by calling 911 or by calling the LA County Sheriff's Department at (310) 510-0174. To contact a participant you may call (310) 510-2595 between the hours of 9:00 a.m. to 5:00 p.m.

First Aid: There will always be first aid supplies available at the camp, in the vehicles and at the work sites. The volunteer Coordinator is first aid certified.

Luggage Storage: At the end of the volunteer program you may store your luggage at the Conservancy House until 5:00 p.m. or you may store it in a locker at the boat terminal for a small fee.

Work Standards: We are grateful for each person's contribution to our organization's commitment to preserving Catalina as a natural wonder for all visitors to appreciate. However, we ask that each volunteer demonstrate a dedicated work effort. Goofing off and negative attitudes are grounds for cancellation as this jeopardizes everyone's safety.

Age Limit: We require a minimum age of 12 years to stay at our volunteer camp. We absolutely prohibit toddlers or babies in our volunteer program because of the dangers posed to this age.

What to Bring

Although the weather on Santa Catalina is usually mild, it can vary quite a bit. It can be cool and foggy, hot and sometimes windy. It is best to dress in layers so that you are comfortable while working. A heavy jacket and windbreaker is helpful when it is cold and the winds pick up. Rain gear is strongly recommended during the winter months (it is better to be safe than sorry). Do not bring clothes that you do not wish to get soiled. Some of the plant extracts leave permanent stains on clothing. Long sleeves and long pants will help protect from spiny plants and poison oak. **Hiking boots are a must and required for most projects.** You will be much more comfortable, secure and protected when you use them. Bring the following to make your stay more enjoyable.

- Great attitude and willingness to work
- Sleeping bag and pillow
- Breakfast, lunch, and dinner groceries (and we'll stop at Von's)
- Water bottle (at least 32 oz)
- Layered clothing (rain jacket)
- Heavy coat and mittens (it can get cold)
- Hiking boots**, Please, no tennis shoes! Casual shoes are o.k. during off time.
- Daypack (fanny pack) to carry your lunch
- Sunscreen, hat, sunglasses and lip balm/sunscreen
- Towel and bath essentials
- Flashlight or headlamp
- Medications/allergy relief
- Reading material and games
- Money for food/souvenirs/activities in Avalon
- Swimsuit (not required, but nice to have)
- Binoculars (not required, but nice to have)



CATALINA ISLAND CONSERVANCY

ADULT APPLICATION/WAIVER

Name (**Please Print**) _____ Cell Phone: _____

Mailing Address or PO Box #: _____ Work Phone: _____

_____ Home Phone: _____

_____ Email: _____

Employer: _____ Educational Interests: _____

Occupation: _____

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 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: _____

Are you trying to obtain required service hours for school? Yes No If yes, please remember to get the form from your school office.

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



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 Depart.

Name of Volunteer (**Please Print**) _____ Phone _____
Address or PO Box _____ E-Mail _____
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 note any medical conditions (i.e. allergies, diabetes, asthma, heart problems, etc.)

Please return this form to:
Catalina Island Conservancy
c/o Lesly Lieberman
P.O. Box 2739
Avalon, CA 90704
310-510-2595, Ext 112
Fax # 310-510-1451