



LANDMARK
CONSERVANCY

Volunteer Application and Waiver Form

Volunteer Name: _____ Birth date: _____

Address: _____

Email: _____ Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

How did you hear about Landmark Conservancy?

☐ Facebook/Instagram ☐ Website ☐ Friend ☐ News article or television coverage

☐ Other (please specify): _____

What counties are you interested in volunteering in?

Barron _____ St. Croix _____ Pierce _____ Rusk _____ Chippewa _____ Dunn _____

Eau Claire _____ Pepin _____ Polk _____ Buffalo _____ Trempealeau _____

Jackson _____ Washburn _____ Burnett _____ Douglas _____ Sawyer _____

Bayfield _____ Ashland _____ Clark _____ Taylor _____

Is there a particular property you are most interested in volunteering on?

Please mark the areas that most interest you:

☐ Land Management ☐ Visitor Experience ☐ Conservation Easement Monitoring

☐ Office Support ☐ Photography ☐ Event Support ☐ Writing such as a Guest Blog Entry



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Is there anything else you'd like to share such a specific skills, education or accommodations needed?

☐ I am available year-round.

☐ I am available seasonally during these months (please list below):



LANDMARK CONSERVANCY

Landmark Conservancy, Inc. (sometimes referred to herein as the “land trust”) encourages and supports its volunteers. In this role, the land trust will provide appropriate supervision, training, and supplies for volunteers to accomplish assigned tasks. Therefore, I do freely, voluntarily, and without duress, execute this Waiver and Release of Liability and agree to the following terms:

1. Waiver and Release - I hereby release, waive, discharge and covenant not to sue Landmark Conservancy, Inc., its members, directors, officers, employees and agents, from any and all liability to me, for all losses, bodily injury, death or property damage, and any and all claims or demands thereto, on account of injury to person or property, or resulting in my death in reference to the activities authorized in my work as a volunteer. I hereby covenant and agree to indemnify and save harmless, the land trust, its members, directors, officers, employees and agents from any and all claims and demands, for all loss, injury, death or damage, that any person or entity may have or make, in any manner, arising out of any occurrence related to the activities authorized in my work as a volunteer.

2. Medical treatment - I release and discharge Landmark Conservancy, Inc. from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to me. I understand that I will not be entitled to workers’ compensation. If medical treatment is needed, I understand that I shall remain responsible for any costs incurred as a result of said treatment and hereby agree to make full payment to those rendering such treatment.

3. Assumption of risk - I understand that my work for Landmark Conservancy, Inc. may include activities that may be hazardous. I assume the risk of injury or harm in those activities I choose to do and release them from all liability for injury, illness, death, or property damage occurring from my work for them.

4. Insurance – Landmark Conservancy, Inc. is not responsible for providing any health, medical or disability insurance coverage for me.

5. Photographic release - I grant to Landmark Conservancy, Inc. the right to use photographic images and video or audio recordings of me that are made by them or others during my volunteer assignment.

6. In-kind service – Landmark Conservancy, Inc. may be eligible for certain grants that allow or require grant dollars received be matched by the organization. Many grants allow the use of in-kind services as a portion of this match in lieu of actual dollars. My signature certifies that I consent to the use of my volunteer time as a possible in-kind match for grants received by the organization.

By signing below, I certify that I have read and understand all of the above, do hereby understand the risks involved, and agree that this waiver and release shall be binding upon my heirs, executors, administrators, and assignors, and by affixing my signature below, agree to all preceding provisions. This agreement shall be in effect from this day forth, until revoked in writing or until the volunteer status is rescinded.

Signature of Volunteer: _____ Date: _____

Parent/Guardian signature is required if under 18 years of age:

Signature: _____ Date: _____

Name of Parent/Guardian: _____ Relationship: _____