



WATERSHED STEWARDS PROJECT ADULT VOLUNTEER FORM



LIABILITY AND PUBLICITY RELEASE: By signing below, I release Watershed Stewards Project and California Conservation Corps of all liability from any harm or injury to my person and property resulting from my participation in this volunteer activity, I understand that my participation in any activity is fully voluntary. I am responsible for my own safety and well-being and for obtaining all safety information related to any activity I participate in. By signing below, I hereby authorize the Watershed Stewards Project and the California Conservation Corps to use photographs or other media material pertaining for the express purposes of publicity and documentation. I agree that while transported in WSP or CCC owned or operated vehicles, I will conform to all federal, state, and CCC policies, procedures, rules, regulations, directives and instructions. This includes, but is not limited to, the proper use of seatbelts and not extending limbs or throwing objects in or from the vehicle. I agree to hold harmless the CCC and WSP for any injuries sustained while being transported in said vehicles unless otherwise found by a court of law to be caused by the negligence of a CCC or WSP employee.

EMERGENCY MEDICAL INFORMATION: If you have any allergies or medical conditions, please let the site coordinator know in case of emergency.

1.	Print Name LEGIBLY!	Signature	Emergency Contact	Emergency Contact Phone
	Email:	# of times I have volunteered w/WSP: _____	More info on future volunteer activities? <input type="checkbox"/> Y <input type="checkbox"/> N	
2.	Print Name LEGIBLY!	Signature	Emergency Contact	Emergency Contact Phone
	Email:	# of times I have volunteered w/ WSP: _____	More info on future volunteer activities? <input type="checkbox"/> Y <input type="checkbox"/> N	
3.	Print Name LEGIBLY!	Signature	Emergency Contact	Emergency Contact Phone
	Email:	# of times I have volunteered w/ WSP: _____	More info on future volunteer activities? <input type="checkbox"/> Y <input type="checkbox"/> N	
4.	Print Name LEGIBLY!	Signature	Emergency Contact	Emergency Contact Phone
	Email:	# of times I have volunteered w/ WSP: _____	More info on future volunteer activities? <input type="checkbox"/> Y <input type="checkbox"/> N	
5.	Print Name LEGIBLY!	Signature	Emergency Contact	Emergency Contact Phone
	Email:	# of times I have volunteered w/ WSP: _____	More info on future volunteer activities? <input type="checkbox"/> Y <input type="checkbox"/> N	
6.	Print Name LEGIBLY!	Signature	Emergency Contact	Emergency Contact Phone
	Email:	# of times I have volunteered w/ WSP: _____	More info on future volunteer activities? <input type="checkbox"/> Y <input type="checkbox"/> N	
7.	Print Name LEGIBLY!	Signature	Emergency Contact	Emergency Contact Phone
	Email:	# of times I have volunteered w/ WSP: _____	More info on future volunteer activities? <input type="checkbox"/> Y <input type="checkbox"/> N	

FOR WSP MEMBER USE ONLY			
Project Coordinator:	Name of Event/Project:		
<input type="checkbox"/> ISP <input type="checkbox"/> Outreach Event	Hours of Event/Project:	Date of Project:	

