



**Black Swamp Bird Observatory
Volunteer Information Form**

Name _____
(Please Print)

Address _____

City, State, Zip Code _____

email address: _____ **Phone#** _____

Who to contact in case of an emergency:

Name _____

Phone Number _____

Additional emergency contact _____

Are you allergic to anything to your knowledge (bee stings, food, medicines, etc.)?

Any other health concerns we should be aware of while volunteering for BSBO?

Do you have CPR training or First Aid training? If yes, please indicate which ones.

I, _____, confirm by signature, that I have not been convicted of a felony, unlawful sexual behavior or child abuse. I grant the Black Swamp Bird Observatory permission to acquire any criminal records that I may have incurred. I understand I have made a volunteer service commitment to the Black Swamp Bird Observatory. I shall complete all training required to fulfill the assignments to which I have committed.

I, the undersigned, state that all information completed is true.

I understand that my file will remain confidential.

Applicant's Signature: _____ Date: _____

Questions? Contact volunteer coordinator at 419-898-4070 or staff@bsbo.org

PLEASE COMPLETE SIDE 2



BLACK SWAMP BIRD OBSERVATORY

AGREEMENT TO PARTICIPATE, RELEASE AND WAIVER FORM

The undersigned hereby understands to participate in a Program of the Black Swamp Bird Observatory (hereinafter referred to as Sponsor), and recognizing this program may involve activities which may contain hazards that may or may not be predictable, I, intending to be legally bound, hereby, for myself, and my heirs, executors and administrators, voluntarily assume all risks of accident or injury and release for forever discharge the Sponsor, co-sponsors, and its respective employees, officers, agents and the community in which the Program activities are conducted, from any and all liability for personal injury or property damage of any kind sustained in association with participation in the program, whether such personal injury or property damage is caused by the negligence of the Sponsor, co-sponsors, or their respective employees, officers, agents or otherwise. I agree to indemnify and hold harmless the Sponsor, co-sponsors, and its respective employees, officers and agents, as well as the community in which restoration activities are conducted, from all liability, loss and expense, including, but not limited to damages, legal expenses and cost of defense, in any matter arising from participation in the sponsor's program. I further agree to abide by all applicable rules and regulations promulgated by the Sponsor and co-sponsor and agree to follow the instructions of all volunteer supervisors and/or instructors who are connected with the Program.

Photo Consent

I further grant permission to the Black Swamp Bird Observatory, its employees, volunteers or other associates, to use my likeness whether by photographic, digital, video or other means and the full right without compensation to me, my family, heirs or associates to use said likeness in any commercial or non-commercial venture including but not limited to the use in brochures, newsletters, videos, or any other means printed, electronically recorded or broadcast.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Name (Please print)

Date

Signature