



VOLUNTEER APPLICATION FORMS

When complete, please send to: Volunteer Program - Grand Canyon Trust: 2601 N. Fort Valley Road, Flagstaff, AZ 86001, volunteernow@grandcanyontrust.org or fax to (928)774-7570

Note: If you are under 18 years of age, this form must be filled out and approved by an adult.

Project Name: _____ Dates: _____

How did you hear about Grand Canyon Trust's Volunteer Program?

Website _____ GCT Event _____ Friend/Family _____ Social Media _____ Other: _____

CONTACT INFORMATION

Name _____

PERMANENT Address _____

City _____ State _____ Zip _____

Phone (day) _____ (eve) _____

Email Address _____

Birth date: _____ Current Age: _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Contact Phone (day) _____ (eve) _____

VOLUNTEER SKILLS: Please check any skills you have that you might be able to contribute:

- | | | |
|-----------------------------|----------------------------|-----------------------|
| Botany/Plant ID _____ | Community Organizing _____ | Construction _____ |
| Data Entry _____ | Event Planning _____ | Fence Building _____ |
| Field Data Collection _____ | Fundraising _____ | Gardening _____ |
| Photography _____ | Spring Restoration _____ | Stone Masonry _____ |
| Traditional Farming _____ | Trail Construction _____ | Videography _____ |
| Visual Art _____ | Water Harvesting _____ | Writing/Editing _____ |



HEALTH QUESTIONNAIRE

As a part of our ongoing efforts to match volunteers with each trip, we are asking all applicants to answer the questions below when applying for trips. Your responses will remain confidential. Your participation is subject to our receipt of this form and approval by Volunteer Program staff.

Physical Condition – Describe your regular exercise activities.

Backpacking Experience (if applying for a backpacking trip) – Please provide the following information about your recent experience: Dates, locations, distances hiked (total and longest day), total elevation gain and loss, maximum weight carried. (Experience is not required, but this information helps us match volunteers with appropriate trips).

ARE YOU CURRENTLY EXPERIENCING OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

	Yes	No
Heart Problems/ heart attack		
Chest pain/pressure		
Overweight		
Frequent shortness of breath		
Asthma/respiratory problems		
Frequent dizziness		
Frequent fainting		
High blood pressure		
Depression/ anxiety		
Diabetes		
Recurrent/ frequent headaches		
Ulcer/ stomach problems		
Urinary tract problems		
Musculoskeletal problems		
Hepatitis		
Seizures		
Hospitalization/surgery (w/in last yr)		
Currently pregnant		
OTHER CONDITIONS		



For any boxes checked "YES", please explain the severity and any medications or treatments you use to manage the condition.

Do you take any other medications? If so, please list and explain their purpose. Also, please notify trip leader of any that you will bring and where you will keep it.

List any allergies/anaphylaxes (including medications, foods, bites, and stings).

List any dietary needs, allergies, preferences and extreme dislikes (vegetarian/vegan, gluten/lactose intolerant, egg/nut/shellfish or other allergies, need coffee, etc.)

Please check what level of eater you tend to be:

_____Light _____Moderate/Average _____Voracious

Is there any other information that we should know about you?



VOLUNTEER PROGRAM WAIVER, RELEASE, AND INDEMNITY AGREEMENT

This is a waiver and release of liability. Read it carefully before signing it.

I, _____, enter into this Waiver, Release, and Indemnity Agreement ("Agreement") with the Grand Canyon Trust (the "Trust") in exchange for receiving the Trust's permission to perform work and provide volunteer services at no charge or cost to the Trust, a non-profit environmental organization headquartered in Flagstaff, Arizona.

I understand that the exact nature of the work and services that I may perform will vary from project to project but that my activities may involve, without limitation, the risks and hazards associated with the following: 1) using tools and other equipment; 2) working around others who may not be accustomed to performing manual labor or the tools and equipment associated with it; 3) working in rugged terrain and backcountry locations; 4) exposure to the elements; 5) working around herbicide; 6) working with other volunteers, whose conduct the Trust does not control; 7) vehicular travel; and, 8) other risks listed in the project description. I am aware that volunteering for the Trust inherently involves these risks and other hazards and hereby voluntarily choose to accept and assume all such risks and hazards.

I have read and understand the project description and duties that will be expected of me related to the particular project in which I will be participating. I agree to conduct myself in a safe and courteous manner and to accept supervision from the Trust's staff and other project leaders. I understand that if I fail to do so, the Trust may revoke the permission it is granting me to participate in the project.

I hereby release, waive, and discharge the Trust, its partners, associates, collaborating agencies and organizations involved in this project and their respective agents, representatives, officers and employees, assigns and insurers (the "Released Parties") from any and all claims, causes of action, losses and damages, whether known or unknown, arising out of or related in any way to my participation as a volunteer for the Trust, whether caused by the Released Parties' negligence or otherwise and including but not limited to all claims, causes of action, losses and damages that may arise from or relate to any first aid, treatment, or service rendered in connection with my activities with the Trust. I also agree to indemnify and hold harmless the Released Parties from any and all claims, causes of action, losses, and damages asserted by third parties against the Released Parties that are caused by my conduct while providing volunteer services to the Trust. This Agreement is binding on me, my heirs, successors, assigns, administrators and executors.

I understand that, except as otherwise agreed to by the Trust in writing, the Trust does not carry or maintain primary health, medical or disability insurance coverage for any volunteer. I understand that supplemental secondary medical coverage, if any, may be provided to any volunteer.

This Agreement shall be governed by and interpreted under the laws of the State of Arizona.

AGREEMENT

In an emergency situation where I am unable to communicate my preferences, I give permission for anesthesia, surgery, or other emergency medical care that might be necessary. I understand the rigorous nature of the trip. I understand that professional medical attention could be several hours or several days away. I understand that I will be held responsible for the cost of an evacuation if I require one. I understand the importance of this form and have answered all the statements fully and truthfully. The Trust will not share any of this confidential information.

Signature _____ Date _____



Volunteers are required to have and show proof of their own medical insurance coverage. Please include a photo copy of your insurance card with your registration form.

The following is a description of my coverage:

Medical Insurance Carrier: _____ Policy #: _____

Primary Insured's Name: _____ Group #: _____

Media Release

I hereby grant permission to the Grand Canyon Trust to use photographic or video images of me, and/or audio recording of my voice on its World Wide Website or in other Grand Canyon Trust related printed or digital publications without further consideration. I acknowledge the Trust's right to crop or treat photographs and digital media at its discretion. I also acknowledge that the Trust may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I also understand that once my image is posted on the Grand Canyon Trust's website, the image may be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless Grand Canyon Trust from any claims pertaining to the use of my image.

I hereby acknowledge that I have read, understood and voluntarily agree to the foregoing waiver and release agreement and do not require further explanation. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of Arizona and that this Release shall be governed by and interpreted in accordance with the laws of Arizona.

Signature if over 18 years of age _____
Date

To participate, a volunteer under 18 years of age must be accompanied by a parent or legal guardian.

Signature of parent or guardian if under 18 years of age _____
Date



At its sole discretion, the Grand Canyon Trust may occasionally allow volunteers between the ages of 16 and 18 to participate in volunteer activities without being accompanied by a parent or legal guardian. Preliminary approval for volunteers to participate without a parent or legal guardian must be obtained prior to signing and submitting this form.

I have read the Volunteer Program Waiver and Release Agreement and agree to be bound by its terms, I am the parent or legal guardian of _____, who is between the ages of 16 and 18, and I understand that by signing below I waive the requirement that a parent or legal guardian must accompany him/her while participating in Grand Canyon Trust volunteer activities and agree that my child may participate in the volunteer activities without a parent or guardian being present.

Signature of parent or guardian

Date



VOLUNTEER PROGRAM MEMBERSHIP APPLICATION

In order to volunteer with the Grand Canyon Trust, we require that you join our organization as a member at the \$50 level or higher. For youth (up to 25 years old) the cost is \$15. Your membership will be good for one year, and you can volunteer as many times as you like during that time period without renewing your membership. Please contact us if you cannot afford to become a member; we have a limited number of scholarships available based on need.

Please note: Current members in good standing are automatically eligible to apply for and attend volunteer trips!

If you did not already enroll when you submitted your online volunteer application, please complete the information below to enroll via credit card or personal check. You may also call us at (928) 774-7488 to become a member.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ (eve) _____

Email Address _____

Enclosed is my tax-deductible membership via the Volunteer Program of:

- I am a Current Member in Good Standing
- \$15 Youth Member
- \$50 Member
- \$100 Sustaining Member
- \$250 Annual Fund Member
- \$500 Legacy Member
- \$1000 Grand Canyon Member (includes special benefits/invitations to special events)
- \$5000 Lifetime Member (one-time contribution)
- Other Amount _____

Payment:

- Enclosed is my check or money order. Please make checks payable to *Grand Canyon Trust*.
- Please charge my Visa/Mastercard.
- I prefer to enroll by phone 928.774.7488

Account Number

Expiration Date

Signature