



Grand Canyon Trust Application

Please return completed version

Email: volunteernow@grandcanyontrust.org

Mail: Volunteer Program - Grand Canyon Trust: 2601 N. Fort Valley Road, Flagstaff, AZ 86001

Fax: (928) 774-7570

Note: If you are under 18 years of age, this form must be filled out and approved by your parent or legal guardian.

Project Name: _____ Dates: _____

CONTACT INFORMATION

Name _____

PERMANENT ADDRESS

City _____ State _____ Zip _____

Phone (day) _____ (eve) _____

Email Address _____

Birth date: _____ Current Age: _____

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

EMERGENCY CONTACT INFORMATION (must be someone not attending the trip)

Name _____ Relationship _____

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 ____



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

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

HEALTH QUESTIONNAIRE

As part of our ongoing risk management and for the safety of everyone, we ask all applicants to answer the questions below. Your responses will remain confidential. Your participation is subject to our receipt of this form and approval by the Grand Canyon Trust staff.

Physical Condition – Describe your regular exercise activities. 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 all SEVERE allergies/anaphylaxes (including medications, foods, insects, plants, etc).

List dietary preferences: (vegetarian/vegan, gluten/lactose intolerant, egg/nut/shellfish allergy, need coffee, etc).

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

Volunteers are required to have and show proof of their own medical insurance coverage. Please include a photocopy 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 #: _____



WAIVER, RELEASE, AND INDEMNITY & MEDICAL TREATMENT AGREEMENT

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

I, _____, the undersigned Volunteer (or Parent/Legal Guardian of the Volunteer if the Volunteer is under 18 years of age) enter into this Waiver, Release, and Indemnity & Medical Treatment Agreement ("Agreement") with the Grand Canyon Trust, Inc. (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.

Waiver, Release, and Indemnity

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 and its agents, representatives, officers, employees, and assigns (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 medical 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. I understand that this Agreement is binding on me, my heirs, successors, assigns, administrators, and executors.

Emergency Medical Treatment

In an emergency situation in which I am unable to communicate my preferences, I give permission for anesthesia, surgery, or other emergency medical care that might be necessary. 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 that the Trust does not carry or maintain primary health, medical, or disability insurance coverage for volunteers. I understand that the Trust may maintain (but does not guarantee that it will maintain) an accident insurance policy that may provide benefits to covered, eligible volunteers.

I understand that the waivers, releases, and indemnities I have given in this Agreement are intended to be as broad and inclusive as permitted by the laws of Arizona and that this Agreement shall be governed by and interpreted in accordance with the laws of Arizona.

Signature of Volunteer (if 18 years of age or older)

Date

NOTE: If a volunteer is under 18 years of age, you as a parent or legal guardian, agree to the same terms, conditions, and waiver of liability set forth in the above Agreement.

Signature of Volunteer's Parent or Guardian (if under 18 years of age)

Date



MEDIA RELEASE AGREEMENT

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

I, _____, the undersigned Volunteer (or Parent/Legal Guardian of the Volunteer if the Volunteer is under 18 years of age) enter into this Media Release Agreement with the Grand Canyon Trust, Inc. (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 hereby grant permission to the Trust to use photographs, video, or audio recordings of me on its websites or in other related printed or digital publications. I acknowledge the Trust's right to crop or treat photographs and digital media at its discretion.

I understand that once my image is posted on the Trust's website, the image may be downloaded by any Internet user. I agree to release, waive, discharge, indemnify, and hold harmless the Trust from any and all claims, causes of action, losses, and damages, whether known or unknown, arising out of the use of my image, whether caused by the Trust's negligence or otherwise.

I understand that the waivers, releases, and indemnities I have given in this Media Release Agreement are intended to be as broad and inclusive as permitted by the laws of Arizona and that this Media Release Agreement shall be governed by and interpreted in accordance with the laws of Arizona.

Signature of Volunteer (if 18 years of age or older)

Date

NOTE: If a volunteer is under 18 years of age, you as a parent or legal guardian, agree to the same terms, conditions, and waiver of liability set forth in the above Media Release Agreement.

Signature of Volunteer's Parent or Guardian (if under 18 years of age)

Date

FOR VOLUNTEERS UNDER THE AGE OF 18 UNACCOMPANIED BY PARENT OR GUARDIAN

At its sole discretion, the Grand Canyon Trust, Inc. (the "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 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 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

Printed Name of Parent or Guardian