

Please write legibly and fill out all sections

Date \_\_\_\_\_ TNC Member?  Yes  No Are you 18 years of age or older? Yes  No

Name \_\_\_\_\_ Date of Birth (optional) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w or c) \_\_\_\_\_ Email \_\_\_\_\_

Occupation/Student \_\_\_\_\_ Employer/School \_\_\_\_\_

Emergency contact \_\_\_\_\_  
*name relationship phone*

**INTEREST** If you have a specific interest, please tell us. Also, why do you want to become a Nature Conservancy volunteer?

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**AVAILABILITY** When are you available to help? Office work is usually done from 9 to 5 M-F, however some tasks could be done from your home. Preserve workdays are held both weekdays and weekends.

*Times*  
 weekdays  
 weekends

*Frequency*  
 times per week  
 times per month  
 times per year

**LOCATION**

Please check all locations where you could help:

*Areas / Offices*

Piedmont Area / Charlottesville  Other  
 Tidewater Area / Richmond  
 Southeast / Norfolk-Chesapeake  
 Northern Virginia / Arlington/Bethesda  
 Southwest / Abingdon  
 Eastern Shore / Nassawadox  
 Western Mountains / Hot Springs

**SKILLS & INTERESTS** check the volunteer work categories you are most interested in or which categories you have the skills, education or experience to work

*Office Work*

Research  
 Data entry  
 Database design  
 Fundraising help  
 Clerical (mailings, etc)  
 Administrative Support  
 TISOM, Technology  
 Strategic Planning  
 Other

*Outdoor Work*

Invasive Species Control  
 Preserve workdays  
 Bird Surveys/Ornithology  
 Controlled burning  
 Trail Clearing/Preserve Monitoring  
 Species Monitoring  
 Carpentry/Building (kiosks, fences)  
 Forestry  
 Equipment Operator Tractors Etc.  
 Other

*Specific Skills*

Outreach Speaker  
 Cartography/GIS  
 Botany/Plant Identification  
 Naturalist field trip leader  
 Conservation lobbying  
 Marketing/PR  
 Photography / Videography  
 Graphic design/ Artist  
 Attorney/Legal  
 Youth Environmental Education

**OTHER** examples of training, experiences, or ideal volunteer jobs that you would like to have.

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**RETURN THIS FORM** either: 1.) mail to The Nature Conservancy, 652 Peter Jefferson Pkwy, Suite 190, Charlottesville, VA 22911; OR 2.) scan and email to [jdalke@tnc.org](mailto:jdalke@tnc.org); OR 3.) fax to 434-979-0370; OR 4.) drop it by one of our five Virginia Chapter Offices.

Questions? Contact Jennifer Dalke, Volunteer Program Manager, Virginia Chapter at (434) 951-0572 or [jdalke@tnc.org](mailto:jdalke@tnc.org)

# Comprehensive Release for Volunteer Activities



## Assumption of Risk and Liability Release (A)

I, \_\_\_\_\_, have volunteered to assist The Nature Conservancy, a nonprofit corporation organized and existing under the laws of the District of Columbia (the "Conservancy").

I have volunteered my time and services because of my support for the Conservancy and my desire to participate actively in the furtherance of its work. I understand that my activities as a volunteer entail a risk of physical injury or death and that I may be exposed to hazards arising from vehicular travel over both improved and primitive roads, use of hand and power tools and equipment, and strenuous manual labor. I further understand that accidents or injuries may occur in locations or under circumstances where medical attention is not readily available. I expressly assume all risks associated with or arising from my volunteer activities.

I am in good health and I am aware of no problem or condition that will limit or interfere with my ability or the ability of children accompanying me to participate in this activity under either predicated or emergency conditions. I agree to follow all instruction by the Conservancy regarding safety and use of all equipment. I understand that safety is my own personal responsibility and that I am free at any time to refuse, and should refuse, to do any activity I feel poses a hazard to me or anyone else, or to my property or anyone else's. I will not perform any activities for which I am not fully qualified, equipped, and prepared. In the event of an emergency, I authorize the Conservancy to secure from a licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care, and I agree that I, and not the Conservancy, will be responsible for payment of all such medical services rendered. I will not be under the influence of any alcohol or illegal drugs while performing the volunteer activities. I will immediately report any accidents, disease or injury to myself or others related to the volunteer activities and cooperate in any investigation. Because the assertion of claims against the Conservancy for personal injury occurring during my volunteer service would be antithetical to my support of the Conservancy and its goals and would reduce the ability of the Conservancy to accomplish its charitable purposes, I grant this release.

I agree to abide by all rules and regulations of The Nature Conservancy regarding safety and use of all equipment. On behalf of myself, my estate and the personal representative thereof, my heirs and assigns, I hereby forever release The Nature Conservancy, its present and former officers, directors, employees, members, affiliates, subsidiaries, and agents (collectively, the "Conservancy Group"), from any and all costs, claims, losses, liabilities or damages arising from or in any way related to, my service as a volunteer or relating to any accident, incident or occurrence arising out of, or in connection with, my or accompanied children's volunteer activities. I shall defend, indemnify, and hold the Conservancy Group harmless from any and all claims of any person or entity that arise out of or relate to my or accompanied children's volunteer activities and I hereby acknowledge that nothing in this release agreement shall be construed as an admission on the part of the Conservancy of any unlawful or wrongful conduct or of any liability whatsoever to volunteers. I intend this release to be effective, regardless of whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery. For myself, my estate and the personal representative thereof, my heirs and assigns, I covenant and agree to make no claim, nor to institute any suit, action or proceeding against the Conservancy, its officers, directors, employees and agents, relating to any accident, incident or occurrence arising out of, or in connection with, my volunteer activities.

Initials: \_\_\_\_\_

## Confidentiality Statement (B)

As a volunteer for The Nature Conservancy, I acknowledge that I may have access to confidential and privileged information and materials obtained through my affiliation with The Nature Conservancy. While I am a volunteer and thereafter, I shall not share any such information or materials with anyone within or outside the organization not intended to receive them. At the end of my volunteer services with the Conservancy, or at the request of the Conservancy at any time, I shall deliver to the Conservancy all of its property in my possession, custody or control relating to the Conservancy and its business, including confidential and/or private information. This includes, but is not limited to, the following:

- Specific location of "closed" preserves, which might lead to unauthorized visits;
- Specific location of rare plants or animals, which might lead to unauthorized collecting;
- Nature Conservancy financial, membership, or donor information in files, databases or mailings;
- Information about conservation planning priorities or Site Information Packets.

Initials: \_\_\_\_\_

**No Compensation or Benefits (C)**

I understand that I will receive no pay, benefits, or other privileges of employment of any kind from The Nature Conservancy for my services. Without limiting the foregoing, I understand and agree that:

- the Conservancy only carries secondary accident insurance, which means that I must draw on my own insurance coverage in full before the Conservancy's insurance may become available;
- I am solely responsible for any costs incurred for any and all medical care received during the period of my volunteer service;
- I am not eligible for workers' compensation benefits if I am injured or become ill as a result of my volunteer service;
- I am not eligible for unemployment compensation benefits when my volunteer service ends; and
- the Conservancy will not reimburse me for any expense without express prior written approval, from the Volunteer Program Manager, and that any reimbursable expenses must be reasonable in amount, related to and in furtherance of my volunteer service and substantiated by proper and adequate documentation and receipts.

Initials: \_\_\_\_\_

**Consent and Release for Publication of Images (D)**

I, the undersigned, hereby grant The Nature Conservancy, its affiliates and their respective successors, assigns, agents and licensees, permission to take photographs, video footage and digital images of me (including any voice recordings, collectively, "images"), and irrevocably consent to and authorize the use and reproduction by The Nature Conservancy, or anyone duly authorized by The Nature Conservancy, of any and all such images, for any legitimate purposes, including for advertising, trade and editorial purposes, at any time in the future in all media now known or hereafter developed, throughout the world. I also consent to the use of my name in connection with such images. I hereby release, indemnify and hold harmless The Nature Conservancy and its officers, directors, agents and employees from any and all claims which may result at any time by reason of the use of my likeness and name, including, without limitation, any and all claims for invasion of privacy, infringement of our right of publicity, defamation, and any other personal and/or property rights or any other rights of any kind. I and any accompanied children shall have no right of approval, no claim to any compensation, and no claim arising out of the use, alteration, distortion or illusionary effect or use in any recording or broadcast of our name, likeness, voice, persona, words, actions, and/or biography. My heirs, executors, administrators and assigns shall be bound by this consent and release. I am over the age of 18.

Initials: \_\_\_\_\_

By signing below, I express my understanding and intent to enter into this Comprehensive Release. I sign it of my own free will and agree that this Release is effective as of my signature and for the duration of the volunteer services. I also understand that no changes shall be made to this document unless they are in writing and are signed by both an authorized representative of the Conservancy and by me. By signing below, I certify that I am 18 years of age or older or have delivered the consent of my parent or guardian.

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**Name** *(please print)*

**Signature** *(we cannot accept a typed name)*

**If person is not of legal age:** I represent that I am the parent/guardian of the above-named person. I hereby grant permission of this minor to engage in these volunteer activities; I relinquish and assign all rights, title and interest, if any, in the photographs described in Part C above; I consent to the foregoing release of liability, confidentiality statement, and consent and release to publication of photographs in my own behalf, and on his/her behalf; and I hereby release, indemnify and hold harmless The Nature Conservancy and its officers, directors, agents and employees from any and all claims arising out of any of the matters described in parts A, B, C and D above.

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Name *(please print)*

Signature (we cannot accept a typed name)

Relationship