



# The Nature Education Foundation at the Santa Rosa Plateau

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(951) 319-2998 ❖ (833) 651-1533

## Volunteer Application – Please Print

First Name ..... Last Name .....  
Address ..... City/State/Zip .....  
Telephone ..... E-Mail .....  
Date of Birth ..... Spouse/Partner Name .....

### Personal Information

Gender:  Male  Female Minor:  No  Yes **Physical Considerations:**  No  Yes (Please Explain) \_\_\_\_\_

**Work Status:**  Retired  Part-Time  Full-Time  Not Employed

**List previous volunteer experience** .....

**Skills** List your skills and indicate proficiency level. Skilled Can Teach Beginning

1 .....  
2 .....  
3 .....

**Languages** Indicate proficiency level. Fluent Intermediate Beginning

1 .....  
2 .....

### Volunteer Availability: (Circle all that are applicable)

Number of Days per week: 1 2 3 4 5 Mon Tue Wed Thurs Fri Sat Sun Days Evenings No Preference

### Volunteer Opportunities with the TNEF (Check all that interests you.)

#### Administrative Support

- Microsoft Office
- Clerical/Data Entry
- Warehouse/Inventory
- Tech support

#### Special Event Support

- Art Exhibition
- Summer Concerts
- Car show
- Cowboy Jubilee
- Family Wildlife Day
- Nature Education Resource Forum

#### MAAC (Member Action Advisory Council)

- Education Programs Committee
- Fund/Asset Development Committee
- Membership/Marketing Committee

#### Marketing/Public Relations

- Community Outreach/Booths
- Social Media/Advertising
- Distribute Organization/Event Info

Do you hold a current RBS/ABC (Alcohol Beverage Control) Card?  Yes  No

**In an emergency, notify:** Relationship.....

First Name ..... Last Name .....

Address .....

City/State/Zip..... Telephone ..... Email.....

I am willing to sign a Volunteer Hold Harmless Agreement, Release of Liability and Medical Authorization Agreement.

(Signature/Volunteer) .....

Date



# VOLUNTEER HOLD HARMLESS AGREEMENT, RELEASE OF LIABILITY AND MEDICAL AUTHORIZATION

I am participating as a volunteer in events/projects produced by the Nature Education Foundation, Inc., (TNEF), a California tax-exempt, non-profit corporation.

**I AM AWARE THAT PARTICIPATION IN TNEF EVENTS OR PROJECTS MAY BE A HAZARDOUS ACTIVITY, AND I AM VOLUNTARILY PARTICIPATING AS A VOLUNTEER WITH THE KNOWLEDGE OF THE POSSIBLE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DEATH, OR DAMAGE TO MYSELF OR MY PROPERTY.**

In exchange for the benefits to be derived by my participation as an TNEF Volunteer, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will hold harmless, not make a liability claim against, sue or attach the property of or prosecute The Nature Education Foundation (TNEF), the Riverside County Regional Parks & Open Space District (RivCoParks) and TNEF's and RivCoPark's officers, agents, or employees, for injury, death or damages resulting from the negligence or other acts, or omissions, however caused, by any employee, agent, or contractor of TNEF or RivCoParks as a result of my participation as an TNEF Volunteer. In addition, I hereby release and discharge the TNEF and the RivCoParks, their officers, employees, and agents from all actions, claims or demands that I, my heirs, distributees, guardians, legal representatives, or assigns now have or may have hereafter have for injury or damages resulting from my participation as an TNEF Volunteer.

I understand that as a TNEF Volunteer I am not covered under any worker's compensation plan associated with the TNEF or the RivCoParks. I hereby consent to receive medical treatment which may be advisable in the event of injury, accident or illness while I am participating as a TNEF Volunteer. I will be responsible for any costs associated with medical treatment that I may need as a result of any injury while serving as a volunteer.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A HOLD HARMLESS RELEASE OF LIABILITY, MEDICAL AUTHORIZATION AND A CONTRACT BETWEEN ME AND THE NATURE EDUCATION FOUNDATION AND THE RIVERSIDE COUNTY REGIONAL PARKS & OPEN SPACE DISTRICT.**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ CA ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

ABC Certified: Yes \_\_\_\_\_ No \_\_\_\_\_

Birthdate: \_\_\_\_\_

If volunteer is a minor, signature of parent or guardian: Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ CA ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_