



Volunteer General Information

Last Name	First Name	Date	
Home Address	City	State	Zip
Home Phone	Email Address		
Cell Phone	Birthday (mm/dd/yyyy)		

Volunteer Participant Medical Information

Physician Name: _____ Physician Phone: _____

In case of emergency, I'd prefer to be taken to: _____

Please list any allergies: _____

Please list any medications you are currently using (e.g. asthma, epilepsy, etc.):

Please describe any medical conditions we should know about (e.g. asthma, epilepsy, etc.):

Please describe any other conditions you think we should know about (e.g. anxiety)

I hereby give permission to the medical personnel selected by _____ to order x-rays, routine tests, or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation. I agree that I will be solely responsible for paying any costs associated with medical treatment.

Participant's Name (print)

Participant's Name (sign)

Date



Emergency Contact Information

Contact #1

Contact Name	Relationship		
Home Address	City	State	Zip
Home Phone	Work Phone		
Cell Phone	Email Address		

Contact #2

Contact Name	Relationship		
Home Address	City	State	Zip
Home Phone	Work Phone		
Cell Phone	Email Address		

Contact #3

Contact Name	Relationship		
Home Address	City	State	Zip
Home Phone	Work Phone		
Cell Phone	Email Address		

Program: _____ Program Leaders: _____ Date of Program: _____

National Audubon Society Adult Volunteer Release of Liability

In consideration of my participation in the National Audubon Society, Inc. (“Audubon”) program identified above (the “Program”), I state and agree as follows:

I agree to follow the instruction of the Program Leader(s). I have been instructed in and understand the use of equipment I am to use. I understand that there are possible dangers associated with the Program, including, but not limited to, _____

_____. I understand that my participation in the Program may involve sustained strenuous physical activity. I am in good health and am aware of no physical problem or condition that will limit or interfere with my ability to participate in the Program.

I agree that I am participating in the Program at my own risk, and acknowledge that Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting the Program.

I expressly release and hold harmless Audubon and its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands, actions and causes of action whatsoever for any loss, damage or injury to person or to property suffered or incurred by me in connection with the Program or any aspect of it, including, but not limited to, any transportation arranged by, paid for or provided by Audubon.

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Participant’s Name (print) Participant’s Name (sign) Date

National Audubon Society Adult Volunteer Release of Use of Image

In consideration of my participation in the National Audubon Society, Inc. (“Audubon”) program identified above (the “Program”), I state and agree as follows:

I agree and understand that recordings, which may include my image, appearance, voice, name and/or biographical material (“My Likeness”) may be made and/or produced at the Program. I hereby give Audubon permission to use, reproduce, duplicate, sublicense, broadcast and distribute My Likeness, in any and all media, including but not limited to the Internet, whether now known or hereafter devised, in perpetuity. I agree that I have no claim for compensation, that My Likeness may be used in commercial or advertising materials, that My Likeness may be edited at Audubon’s sole discretion, and that I waive any right to inspect or approve the finished version.

I agree that Audubon may use, reproduce, display, make derivative works and distribute any materials I create while participating in the Program (“Artwork”), or any parts thereof, in any and all media, including on the Audubon website, apps and in Audubon magazine, and permit Audubon to use the Artwork in connection with fundraising appeals. Audubon’s license to use the Artwork shall be perpetual, royalty-free and non-exclusive.

I expressly release and hold harmless Audubon and its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands, actions and causes of action whatsoever for libel, defamation, invasion of privacy or right of publicity arising from Audubon’s use or alteration of My Likeness (or any part thereof).

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Participant’s Name (print) Participant’s Name (sign) Date

Volunteer Confidentiality Agreement

Audubon Office: Audubon Center in Greenwich

Volunteer's Duties: _____

Audubon Project Manager: _____

In consideration of my participation as a volunteer in the National Audubon Society, Inc. ("Audubon") office described above, I state and agree as follows:

I shall treat as confidential all data, records and accounts, information, operations, policies, procedures, personnel, marketing plans or prospects and all other information, which becomes known to me through my activities hereunder and which is not otherwise in the public domain or rightfully obtained from another source. During the term and after termination of my services to Audubon, I shall not use or disclose any such protected information, except in accordance with the terms of this agreement or as required by law, regulation or court order. All records, reports, notices, valuations, lists, data and other documents prepared by me shall be the property of Audubon and I shall deliver any such documents to Audubon upon Audubon's request.

By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Sign Name: _____

Print Name: _____

Date: _____