

Oxbow Meadows Environmental Learning Center

Adult Volunteer Application

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Skills and Interest:

Education background: _____

Current occupation: _____

Previous volunteer experience: _____

Preferences in Volunteering:

Please select the volunteer position(s) you are interested in: Volunteer positions are not guaranteed.

Year-round positions:

Volunteer Work Days (Saturdays)

Special Events: Reptile Fest Insectival Frogwarts

Other (Your name will be added to an email list)

Education:

Off-site/Outreach Programs

Education Volunteer Availability:

If you are interested in volunteering with our Education Programs, you must be available 8am-12pm during the week.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					

If volunteering for requirements for school/college, please provide following information:

Name of school: _____ Name of Teacher/Professor: _____

Volunteer hours needed: _____ Completion date of hours: _____

Background Information:

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

No Yes: _____

Please give two references whom we may contact:

If volunteering for school/college, please use teacher/professor as a reference

1. _____ Phone: _____ Email: _____

2. _____ Phone: _____ Email: _____

The above application has been completed voluntarily, and I certify that all statements and representations are true and correct. I understand that individual volunteers for Columbus State University Oxbow Meadows Environmental Learning Center must consent to a background check, sign a liability waiver, as well as complete an on-site interview before beginning any volunteer work at Oxbow Meadows. I understand that I am not an employee and will not be paid for my services as an Oxbow Meadows volunteer. I agree to abide by all the volunteer policies and procedures of Oxbow Meadows.

Signature of Volunteer: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(If under 18 years old)



OXBOW MEADOWS VOLUNTEER RELEASE AND WAIVER FORM

I, _____ (PRINT NAME) certify that I am at least 18 years old and was born on _____, do hereby agree to participate in any and all programs and activities offered at the Oxbow Meadows Environmental Learning Center ("Oxbow Meadows"), unless an exception is noted below or

unless I refrain from participation at Oxbow Meadows. I understand that if any costs are involved, such costs are solely to cover the cost of an instructor/guide and access to the TreeTop Trail. Otherwise, Oxbow Meadows is open to the public at no charge. I understand that most of the activities take place out of doors and may involve live alligators, venomous snakes, heat, humidity, rigorous physical activity and the TreeTop Trail ("Trail"). I understand that the purpose of the Trail is to provide a birds-eye view of nature and therefore has minimal construction. I understand that the TreeTop Trail is a suspension walkway located high above the ground at the level of the tops of trees and is supported by one tree, one tower and one post. I understand that the Trail includes a steep incline, rope sides, has rungs instead of a flat surface and sways. I understand that I should not use the Trail if I have a fear of heights, a heart condition or any other condition that would limit rigorous outdoor activity on an unstable surface whether in cold weather, damp weather or very hot humid weather. I understand that it is dangerous for me and for other participants to climb the rope sides of the Trail or to engage in any horse play on the Trail and I will refrain from such conduct.

I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assigns all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and hereby agree to hold Oxbow Meadows, Columbus State University, and Columbus Water Works, their employees, Trustees, instructors, facilitators and agents, including EarthQuest, Inc., harmless for any liability arising out of my participation in any of the programs. Should Oxbow Meadows, Columbus State University, the Columbus Water Works, or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify (to shift the responsibility for payment of damages to someone else) and hold Oxbow Meadows, Columbus State University, the Columbus Water Works, EarthQuest, Inc. harmless for such fees and costs.

This release includes physical injury or emotional harm caused by negligence of the employees or agents of Oxbow Meadows, Columbus State University, the Columbus Water Works, EarthQuest, Inc. when the law allows for a defense of immunity under the Recreational Property Act, the State Tort Claims Act or any other applicable statute or law. This release does not include willful misconduct; however Oxbow Meadows, Columbus State University, the Columbus Water Works, EarthQuest, Inc. are not liable for the criminal acts of third parties. I further state that in choosing to participate and in signing this agreement, I am not under the influence of any chemical substance including alcohol.

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I expressly agree to indemnify and hold CSU and the Board of Regents of the University System of Georgia harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me.

I understand and agree that neither CSU, nor the Board of Regents for the University System of Georgia, is responsible for property that is lost, stolen, or damaged while participating in, or traveling to or from, anything related to the Event.

I expressly agree to indemnify and hold harmless CSU and the Board of Regents of the University System of Georgia from any and all claims arising out of any injury occurring while using any property procured by the Event, whether bought, leased, or rented, during Event.

In consideration of my participation in the Event, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the CSU, the Board of Regents of the University System of Georgia, and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, while participating in anything sponsored by, or put on by the Event.

Photo Release

Columbus State has frequent occasion to illustrate and explain its program and activities for volunteer/participant recruitment, fund-raising, enhancing community awareness, news releases, brochures, reports, etc. Toward these efforts it is most beneficial to use photographs and/or video of our friends/participants. By signing this waiver I give CSU and the Board of Regents permission to use my image in any of these materials deemed necessary for the sole purpose of marketing and promotion of the school/future event. However, we would never intentionally offend our friends/supporters by doing these things without their understanding and consent. Should you feel uncomfortable allowing us to use you or your child’s image in our promotional material, please check the box below.

*This is completely voluntary and will not affect your allowance to participate in the program.

I would like to opt out of using my image or my child’s image in marketing/promotional material for CSU and/or the University System of Georgia’s Board of Regents.

**** ** I have had sufficient opportunity to read this entire ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT I have understood the agreement as well as the fact that I am giving up substantial rights by signing it I si FREELY AND VOLUNTARILY and I agree to be bound by its terms.**

Signature Age Date



