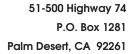


## **VOLUNTEER APPLICATION**

Local Address		Home Phone:	Cell:
	<b>s:</b>		
Number	Street	City	State Zip
Primary Addr	ess:		
lumber	Street	City	State Zip
-mail Addres	ss:		
Emergency Co	ontact Information		
Name/relation:		Home Phone:	Cell:
Address:			
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I am bilingual	in:	M-T-W-T-F-S-S	
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ducation Lev	vel: High School — Som upation or Profession: check all that apply):	M-T-W-T-F-S-S	
ducation Levist your Occupation	vel: High School — Som upation or Profession: check all that apply):	M — T — W — T — F — S — S  ne College — Associate — Vocational — Co	ollege Degree — Masters — Doctoral
ist your Occu	vel: High School — Somupation or Profession: check all that apply): graphy production	M — T — W — T — F — S — S  ne College — Associate — Vocational — Co	ollege Degree — Masters — Doctoral  Microsoft office

## **CONTINUE ON OTHER SIDE**

Phone: (760)568-9918 Email: Friends@DesertMountains.org
Fax: (760)568-9908 Website: www.DesertMountains.org





## **VEHICLE INSURANCE INFORMATION**

Driver's License #:	State:	Restrictions/Limitations:	
Automobile Insurance Carrier:			
(I hereby certify that I maintain the minimum lia I will continue to maintain this coverage for as I further certify that I now have and will continue	ong as I am a voluntee	r with the County of Riverside	<del>-</del>
Birthdate:	Sex	Ethnicity	
ACH	KNOWLEDGEME	NT OF RECEIPT	
I understand the materials provided are the (FODM) to support projects in the Santa Roapplication also enrolls you as a volunteer modify, supplement, revise or terminate ar	osa and San Jacinto N with the Riverside Co	Iountains National Monum unty RSVP/Volunteer Conr	ent and Coachella Valley. This nect Program. FODM may
I acknowledge that my volunteer duties will staff or other designated person. I further and certification as outlined in the material	understand that cert		
I acknowledge that I have received and rea and programs and have knowingly signed t provided to me it is my responsibility to rea	his Acknowledgment	of Receipt form. When up	odates to materials are
I hereby grant the Friends of the Desert Mo of its publications, including website entrie that these materials will become the prope	s, without payment,	royalties or other compens	
I hereby irrevocably authorize the FODM to publicizing the FODM programs or for any of finished product, including written or elect	other lawful purpose	. In addition, I waive the ri	
I hereby hold harmless and release and for which I, my heirs, representatives, executo my estate have or may have any reason of	rs, administrators, or		
I am 18 years of age and am competent to fully understand the contents, meaning, an	· · · · · · · · · · · · · · · · · · ·		ase before signing below and I
Print Name	Signature		Date
Guardian Print Name (IF volunteer is under age 18)	Guardian Signature		Date

Phone: (760)568-9918

Fax: (760)568-9908

Email: Friends@DesertMountains.org

Website: www.DesertMountains.org