



VOLUNTEER APPLICATION

Name: _____ Home Phone: _____ Cell: _____

Local Address: _____

Number Street City State Zip

Primary Address: _____

Number Street City State Zip

E-mail Address: _____

Emergency Contact Information

Name/relation: _____ Home Phone: _____ Cell: _____

Address: _____

Circle which months and days of the week are you available:

J — F — M — A — M — J — J — A — S — O — N — D

M — T — W — T — F — S — S

I am bilingual in: _____

Education Level: High School — Some College — Associate — Vocational — College Degree — Masters — Doctoral

List your Occupation or Profession: _____

Other skills (check all that apply):

<input type="checkbox"/>	Photography	<input type="checkbox"/>	Illustrator	<input type="checkbox"/>	Microsoft office
<input type="checkbox"/>	Video production	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	GPS/mapping
<input type="checkbox"/>	Web design	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Handyman
<input type="checkbox"/>	Web programming	<input type="checkbox"/>	Public speaking	<input type="checkbox"/>	Landscape maintenance

Check all programs you wish to participate in:

<input type="checkbox"/>	Citizen Science	<input type="checkbox"/>	Office Assistant	<input type="checkbox"/>	Visitor Services
<input type="checkbox"/>	Hikes	<input type="checkbox"/>	Weed Warrior	<input type="checkbox"/>	Events
<input type="checkbox"/>	Trail Stewardship	<input type="checkbox"/>	Senior Education	<input type="checkbox"/>	Canyon Cougars
<input type="checkbox"/>	Youth Education	<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Trail Ambassadors

CONTINUE ON OTHER SIDE



VEHICLE INSURANCE INFORMATION

Driver's License #: _____ State: _____ Restrictions/Limitations: _____

Automobile Insurance Carrier: _____

(I hereby certify that I maintain the minimum liability insurance coverage as required by the State of California. I further certify that I will continue to maintain this coverage for as long as I am a volunteer with the County of Riverside and drive my private vehicle. I further certify that I now have and will continue to maintain a current Driver's License)

Birthdate: _____ Sex _____ Ethnicity _____

ACKNOWLEDGEMENT OF RECEIPT

I understand the materials provided are the **guidelines for Volunteer Service** with the Friends of the Desert Mountains (FODM) to support projects in the Santa Rosa and San Jacinto Mountains National Monument and Coachella Valley. This application also enrolls you as a volunteer with the Riverside County RSVP/Volunteer Connect Program. FODM may modify, supplement, revise or terminate any materials provided in their sole and absolute discretion.

I acknowledge that my volunteer duties will be under the supervision of the Executive Director and/or assigned FODM staff or other designated person. I further understand that certain volunteer categories do require additional training and certification as outlined in the materials provided.

I acknowledge that I have received and read the provided materials listed. I am aware of Friends policies, procedures and programs and have knowingly signed this Acknowledgment of Receipt form. When updates to materials are provided to me it is my responsibility to read them and place them in my folder accordingly.

I hereby grant the Friends of the Desert Mountains (FODM) permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment, royalties or other compensation. I understand and agree that these materials will become the property of the FODM and will not be returned.

I hereby irrevocably authorize the FODM to edit, alter, copy exhibit, publish or distribute my photograph for purposes of publicizing the FODM programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the FODM from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have any reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Print Name

Signature

Date

Guardian Print Name
(IF volunteer is under age 18)

Guardian Signature

Date