



1750 East Beltline Ave SE  
Grand Rapids, MI 49546

Thank you for your interest in volunteering for the Calvin College Ecosystem Preserve. We appreciate our Junior Volunteer Crew members and their contributions to our children's programs, and to caring for the Preserve.

Please complete this form and return it to [jw47@calvin.edu](mailto:jw47@calvin.edu), or to the address above. We will review it, then contact you to discuss opportunities to join our Junior Volunteer Crew. Note that we do not have evening or Sunday volunteer hours.

**Personal Information**

Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Preferred way to communicate with you:  Phone  E-mail

Male  Female Birthdate (Month/Day/Year) \_\_\_\_\_ Age \_\_\_\_\_

**Emergency Contact**

Parent/Guardian Name (1) \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Name (2) \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Designated alternate if parent is unavailable:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Volunteering Information**

Please indicate which activities you are interested in being a part of: (check all that apply)

- Junior Steward Crew (maintaining trails, planting, weeding, collecting seeds)
- Junior Camp Crew (prepare crafts/snacks, assist with campers)

We always welcome new ideas! Please let us know if you have a talent, interest, hobby, experience or education in another area that you would like to share.

\_\_\_\_\_  
\_\_\_\_\_

Why would you like to volunteer here? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Have fun & learn at the same time                             | <input type="checkbox"/> Fulfill community service hours/class credits |
| <input type="checkbox"/> Meet new people   | <input type="checkbox"/> Gain experience working with children         |
| <input type="checkbox"/> A sense of giving something back/contributing to a good cause | <input type="checkbox"/> Enrich my leadership skills                   |
| <input type="checkbox"/> Interest in the work we do at the Preserve                    | <input type="checkbox"/> Other _____                                   |

How did you hear about volunteer opportunities with the Calvin College Ecosystem Preserve?

- |  |  |
|--|--|
| <input type="checkbox"/> Preserve e-mail   | <input type="checkbox"/> A visit to the Bunker Interpretive Center |
| <input type="checkbox"/> Our website       | <input type="checkbox"/> Family/friend                             |
| <input type="checkbox"/> Our Facebook page | <input type="checkbox"/> Other _____                               |

### **Medical Information**

Medical information will remain confidential and will not be released except as allowed by law.

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder \_\_\_\_\_

Please identify any significant medical conditions (i.e. asthma, diabetes, allergies/reactions to medications, foods, bee stings, etc.), major illnesses, or injuries that may affect your child's participation in Calvin College activities.

Does your child take any medications at home? If so, please list them below.

**Parents: Please be aware that there is poison ivy in the Ecosystem Preserve. Staff will do their best to avoid exposure to it and to help participants identify it.**

### **Medical Waiver**

*I understand that Calvin College does not provide medical insurance for program participants. I hereby confirm that my child is covered by the health insurance policy listed above. I authorize Calvin College or its designated person to secure medical attention for my child if any such person deems necessary if I am not available to make a decision regarding such medical attention. This consent shall not impose any obligation to provide such medical attention and it is understood that such persons might not be trained medical personnel. I hereby authorize the Grand Rapids emergency health care system to provide any necessary care.*

**Acknowledgment**

*I certify that the information in this application (and resume, if included) is true and complete, and I have not knowingly withheld any information. I understand that misrepresentation may be cause for dismissal. I also understand that the information I have provided will be made available to board and staff members and other people within Calvin College who might make use of my talents.*

**Liability Waiver**

*I hereby give permission for my child (the "Participant") to attend and participate in the program(s) listed below being offered by Calvin College. In consideration of the Participant attending the program(s) listed below, I agree to the following:*

*I hereby release, waive, discharge and covenant not to sue Calvin College, its affiliates, officers, directors, employees, shareholders, members, representatives, attorneys, successors and assigns, or other participants (collectively, "Releasees") from all liability to me, the Participant, Participant's heirs, executors, representatives, successors and assigns for any and all loss or damage, and any claim or demands thereof on account of injury to the person or property of, or resulting in death of, the Participant, while the Participant attends the program and any activities incidental thereto and whether caused by the negligence of the Releasees or otherwise.*

*I hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or cost of any and all kind they may incur due to the participation of the Participant in the program and any activities incidental thereto, whether caused by the negligence of the Releasees or otherwise.*

*I acknowledge, understand, and assume all risks of the Participant and any activities incidental thereto which can result in great bodily harm or death, disability, paralysis, and/or other damage even under well-controlled circumstances. I have full knowledge of these risks despite the existence of rules, regulations, equipment and discipline. I accept all of these risks and any risks or dangers not known or which are not reasonably foreseeable, and I will not hold responsible Releasees for injuries or damages resulting from the Participant's participation in these activities, wherever or however they occur.*

*I expressly agree that this Release is intended to be as broad and inclusive as is permitted by the law of the State of Michigan and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect. By signing this Release, I acknowledge that this Release has been freely and voluntarily made after careful review of all of the terms and provisions of this Release and agree that this Release shall not be subject to recession or nullification at any time hereafter. I further agree that no oral representations, statements and inducements apart from this Release have been made regarding liability.*

**Photo Release**

*I hereby permit and authorize Calvin College and its employees, agents, and personnel to use in perpetuity the Participant's photograph or other likeness for any purpose, including publicity, marketing, and promotional purposes. I understand such photograph or likeness may be copied and distributed by means of various media, including video presentations, television, mailers, billboards or signs, brochures, placement on websites, or newspapers. I understand that, although Calvin College will endeavor to use any such photograph or likeness in accordance with standards of good judgment, Calvin College cannot warranty or guarantee that any further dissemination of such photograph or likeness will be subject to Calvin College supervision or control. Accordingly, I release Calvin College from any and all liability related to usage or dissemination of the Participant's photograph or likeness.*

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_