



Volunteer Application Form

Contact Information:

First Name:	Last Name:
Email:	Phone Number (s):
Street Address:	City:
State:	Zip:

Interests & Skills:

- Data Entry Office Support Grant writing/research Photography Arts & Crafts
- Hospitality/Customer Service Education Public Speaking/Programming Citizen Science
- Marketing/PR Fundraising

Other Interests & Skills:

Working Preferences:

- Working with youth 0-5yrs Working with youth 6-12yrs Working with youth 13-17yrs Working with adults
- Working outdoors Working indoors Presenting to a group Working individually



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Other working preferences:

Emergency Contact Info:

First Name:	Last Name:
Email:	Cell Phone:
Home/Work Phone:	Relationship:

Have you ever been convicted of a felony criminal offense? *If you have been convicted of a felony, you may not be eligible for volunteer services, or you may be restricted from performing certain activities.*

Yes No If yes, please explain:

Are you under the age of 18? *If under 18, a parent/guardian must also sign paperwork and your duties may be limited.*

Yes No

Volunteer Release and Waiver of Liability:

Please read carefully. This is a legal statement that affects your legal rights.

Black Hills Parks & Forests Associations (BHPFA) encourages and supports volunteers. I volunteer my time and my services because of my support of BHPFA and because of my desire to participate actively in the furtherance of the work of BHPFA. Therefore, I do freely, voluntarily, and without duress execute this Release and acknowledge the following terms:

1. Waiver and Release. I hereby release, waive, discharge and covenant not to sue BHPFA, its officers, directors, employees and agents, from any and all liability to me, for all losses, injury, death or damage, and any claims or demands thereto, on account of injury to person or property, or resulting in my death in reference to the activities authorized in my work as a volunteer. I hereby covenant and agree to indemnify and save harmless, BHPFA, its officers, directors, employees and agents, from any and all claims or demands, for all loss, injury, death or damage, that any person or entity may have or make, in any manner, arising out of any occurrence related my work as a volunteer.

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2. Medical Treatment. I release and discharge BHPFA from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to me.

3. Assumption of Risk. I understand that my work for BHPFA may include activities that may be hazardous. I assume the risk of injury or harm in those activities I choose to do and release BHPFA from all liability for injury, illness, death, or property damage occurring from by work for BHPFA. I will not accept a work assignment for which I do not believe I have had adequate training or which I do not believe I am physically capable of performing.

4. Insurance. BHPFA does not have responsibility for providing any health, medical or disability insurance coverage for me. IT IS MY RESPONSIBILITY AS A VOLUNTEER TO ENSURE I HAVE MEDICAL/HEALTH INSURANCE.

5. Photograph/Image Release. As a BHPFA Volunteer, I understand that my image, including photographs, video images and any reproductions thereof, may be used for any legal purpose of BHPFA including – but not limited to – advertising, brochures, fliers and for general media purposes. By signing this document:

- I consent to the use of photographs, video images and any reproductions thereof by BHPFA, and its affiliates, for use in any from pertinent to the operation of same, or any other legal purposes.
- I also consent to the use of my name in connection herewith.
- I agree that all images shall become the property of BHPFA .
- I understand this document becomes effective upon signing this release and covers images taken during my volunteer status at BHPFA and that the images taken during this time may be used at any time, with or without my knowledge, from that point forward, regardless of my employment status.

6. Copyright Laws. I understand that showing videos in public that are intended for home viewing is prohibited under the U.S. copyright laws.

7. Background Check. I understand that a criminal history check may be obtained prior to my appointment as a volunteer. By signing this agreement I agree to a criminal history check and agree to provide BHPFA with my birth date.

8. Discrimination Laws. I agree to follow BHPFA's policy along with state and federal laws that forbid discrimination in employment, education, housing, public accommodation, law enforcement or public service based on a person's religion, race, color, national origin, age, sex, marital status, height, weight or disability.

9. Other. I agree that this Release is intended to be as broad and inclusive as permitted by the laws of South Dakota, and that this Release is governed by and will be interpreted according to the laws of South Dakota. I understand that should any part of this Release be ruled invalid by a court, the other parts will remain valid and continue to be in effect.

Sign _____ Date _____



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