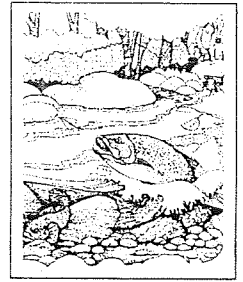


# The Adopt-A-Stream Foundation

**Northwest Stream Center**  
600-128th Street SE  
Everett, WA 98208-6353  
tel (425) 316-8592, 771-6671  
fax (425) 338-1423  
email aasf@streamkeeper.org



## VOLUNTEER APPLICANT INFORMATION

Please provide the following information for volunteer personnel files:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No. / Expiration Date: \_\_\_\_\_

Place of Employment or Affiliation (if applicable): \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ May we contact you at work? yes \_\_\_ no \_\_\_

Home Phone Number: \_\_\_\_\_ May we contact you at home? yes \_\_\_ no \_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Person and Phone Number: \_\_\_\_\_

Please identify your area of interest (clerical, technical, educational) and any relevant skills: \_\_\_\_\_

Please indicate present or previous volunteer experience: \_\_\_\_\_

Please indicate your hobbies and/or your interest in environmental issues: \_\_\_\_\_

Are there any factors (health, work schedule, etc.) of which Adopt-A-Stream should be aware that might prevent you from performing certain tasks? \_\_\_\_\_

Please indicate what days and times you are available for volunteer work:

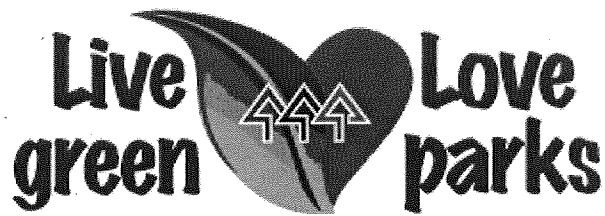
Weekdays: \_\_\_\_\_ Times: \_\_\_\_\_

Weekends: \_\_\_\_\_ Times: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

VOLUNTEER NUMBER: \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_



## SNOHOMISH COUNTY PARKS & RECREATION VOLUNTEER GROUP WORK PROJECT APPLICATION

### General Information

Organization (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*In case of emergency, please contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### Park Location

Park/Trail: \_\_\_\_\_

Area of Park/Trail: \_\_\_\_\_

### Project Timeframe

Please indicate how frequently, your group will be participating in this project:

One time     Quarterly     Monthly     Weekly

Proposed start date: \_\_\_\_\_ Proposed completion date: \_\_\_\_\_

### Project Proposal

Please provide a specific description of the project you (and/or your organization) would like to undertake. Please include photos, drawings, list of supplies and/or materials if applicable. Please use additional pages if necessary.

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## Volunteer Service Agreement

As an organization, we agree to maintain, but not alter, remove or destroy the present landscaping or design of the park or trail which our project involves. We acknowledge that all physical changes must be submitted in writing and are subject to approval by the Park System. We understand that Snohomish County personnel will give direction and coordination as appropriate. We will comply with the conditions outlined by Snohomish County and we will also comply with all Rules and Regulations of the Parks.

Furthermore, our organization agrees to protect, defend, and indemnify the County, its officers, officials, employees and agents from any and all costs, claims, judgments and/or awards of damages, arising out of or in any way resulting from the activities associated with this project, by our organization, its employees, representatives, volunteers and/or agents. In the event the County incurs any costs including attorney's fees to enforce the provisions of this article, all such costs and fees shall be recoverable from the organization. We understand that participation in Snohomish County Programs is voluntary and that participants agree to assume the responsibility for any injury or damage to person or property.

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For More Information - Please contact our Volunteer/Community Outreach Coordinator

**Hal Gausman**

**Community Partnership Manager-Volunteer/Community Outreach Coordinator**

Snohomish County Parks & Recreation

6705 Puget Park Dr,

Snohomish, WA 98296

**Phone: (425)388-6618**

**Fax: (425)388-6645**

**Email: [hall.gausman@snoco.org](mailto:hall.gausman@snoco.org)**

**LIABILITY WAIVER**

By signing below, I acknowledge that all activities sponsored or conducted by the Adopt-A-Stream Foundation (AASF) may be hazardous, and may result in accident, loss, damage, injury or death. Specifically, I understand that there may be risks involved in working near heavy equipment and in or around streams and creek beds and that I voluntarily am participating with knowledge of such risks and dangers.

I hereby agree to RELEASE the Adopt-A-Stream Foundation and any of its employees, agents, directors, officers, members volunteers, or instructors from any and all liability, claims, demands or any causes of action, and NOT TO SUE OR OTHERWISE MAKE ANY CLAIM against the AASF or any of employees, agents, directors, officers, members volunteers, or instructors whatsoever which may arise during my participation in any activities of the AASF.

I agree to INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgments, expenses and costs, including but not limited to attorney's fees, incurred in connection with any claims brought as a result of my participation in AASF activities and which are released by the terms of this agreement.

I intend this RELEASE OF LIABILITY to be effective whether or not any accident, loss, damage, injury or death RESULTS FROM THE NEGLIGENCE of the AASF or any of its employees, agents, directors, officers, volunteers, members or Instructors. I understand that negligence means a failure to do an act which a reasonably prudent person would do, or the doing of an act which a reasonably prudent would not do, under the same or similar circumstances, to protect himself or herself, or others, from accident, injury or death.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in activities sponsored or conducted by the AASF. This RELEASE AND WAIVER is given in the interest of permitting the AASF to exist and to enable volunteers to feel free to donate their services without fear of liability. This RELEASE AND WAIVER has no expiration date.

_____ Name (Please Print)	_____ Signature	_____ Date
_____ Address	_____ City, State, Zip	
_____ Legal Guardian if under 18 (Please Print)	_____ Signature	_____ Date