

# Volunteer Authorization Form



You must be 18 years or older to volunteer

## 2023 Earthplace Volunteer Authorization Form (Complete if 18 years or older)

This form must be completed and provided to the Earthplace Volunteer Manager prior to volunteer work happening on Earthplace, Inc. property.

### VOLUNTEER CONTACT INFORMATION:

<b>Last Name</b> _____	<b>First Name</b> _____	<b>D.O.B</b> _____
<b>Address</b> <b>City, State, Zip Code</b>	_____ _____	
<b>Cell Phone</b> _____	<b>Home Phone</b> _____	<b>Email Address</b> _____

### EMERGENCY CONTACT INFORMATION:

<b>#1 Last Name</b> _____	<b>First Name</b> _____	<b>Relationship to Volunteer</b> _____
<b>Cell Phone</b> _____	<b>Home Phone</b> _____	<b>Doctor &amp; Office Phone</b> _____
<b>#2 Last Name</b> _____	<b>First Name</b> _____	<b>Relationship to Volunteer</b> _____
<b>Cell Phone</b> _____	<b>Home Phone</b> _____	<b>Doctor &amp; Office Phone</b> _____

**Notes/Other Important Information:** \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTICE:**

1. Volunteer may only perform activities on Earthplace, Inc. property at the direction of the Earthplace Supervisor.
2. Earthplace, Inc. is not responsible in any way for volunteers' tools.
3. Employers authorizing their employees to volunteer for Earthplace, Inc. in their roles as employees of the employer are required to provide Earthplace, Inc. with a certificate of insurance evidencing Workers Compensation coverage as required by state law and containing a waiver of subrogation.
4. All volunteers shall adhere to the rules and instructions of Earthplace, Inc., including without limitation all health and safety rules and instructions.

I \_\_\_\_\_, have read and understand the above and know the risks associated with participating in volunteer activities at Earthplace, Inc. and with such understanding, I agree to hold harmless and release from liability Earthplace and its employees from any and all claims, damages and costs including, but not limited to, negligence claims for property damage, bodily injury, sickness, disease or death arising out of the participant's participation as an Earthplace Volunteer. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

\_\_\_\_\_  
Volunteer's Name (PRINTED)

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

**MEDIA RELEASE:**

I grant permission to Earthplace and its employees to take photographs and video of me and their property, and to record statements made by me. I agree that such materials may be used with or without my name for any lawful purpose, including publicity, advertising and web content.

\_\_\_\_\_  
Participant's Name (PRINTED)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Return Completed Application Form**

**Mail:** Attn: Volunteers, 10 Woodside Ln, Westport, CT 06880

**Email:** [volunteers@earthplace.org](mailto:volunteers@earthplace.org)

**Questions? Contact**

Volunteer Manager at 203.557.4400 or [volunteers@earthplace.org](mailto:volunteers@earthplace.org)