



# Santa Rosa Plateau Nature Education Foundation

Office: 39400 Clinton Keith Road ❖ Murrieta, CA 92562  
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(951) 677-6951 ❖ (800) 369-4620

## Volunteer Application – Please Print

First Name ..... Last Name .....  
Address ..... City/State/Zip .....  
Telephone ..... E-Mail .....  
Date of Birth ..... Spouse/Partner Name .....

### Personal Information

Gender:  Male  Female Minor:  No  Yes **Physical Considerations:**  No  Yes (Please Explain) \_\_\_\_\_

**Work Status:**  Retired  Part-Time  Full-Time  Not Employed

**List previous volunteer experience** .....

**Skills** List your skills and indicate proficiency level. Skilled Can Teach Beginning  
1 .....  
2 .....  
3 .....

**Languages** Indicate proficiency level. Fluent Intermediate Beginning  
1 .....  
2 .....

### Volunteer Availability: (Circle all that are applicable)

Number of Days per week: 1 2 3 4 5 Mon Tue Wed Thur Fri Sat Sun Days Evenings No Preference

### Transportation: (How you will get to your assignment)

Public Trans. Walk Bus/Van Taxi/Car Svc Car

### Volunteer Opportunities with the SRPNEF (Check all that interest you.)

#### Administrative Support

- Microsoft Office
- Clerical/Data Entry
- Warehouse/Inventory

#### Special Event Support

- Art Exhibition
- Craft Beer Festival
- Garden Tour
- Summer Concerts

#### MAAC (Member Action Advisory Council)

- Education Programs Committee
- Fund/Asset Development Committee
- Membership/Marketing Committee

#### Marketing/Public Relations

- Community Outreach/Booths
- Social Media/Advertising
- Distribute Organization/Event Info

Do you hold a current RBS/ABC (Alcohol Beverage Control) Card?  Yes  No

**In an emergency, notify:** Relationship .....

First Name ..... Last Name .....

Address .....

City/State/Zip ..... Telephone ..... Email .....

I am willing to sign a Volunteer Hold Harmless Agreement, Release of Liability and Medical Authorization Agreement.

.....  
(Signature/Volunteer) Date (Signature/Staff) Date



## VOLUNTEER HOLD HARMLESS AGREEMENT, RELEASE OF LIABILITY AND MEDICAL AUTHORIZATION

I am participating as a volunteer in events/projects produced by the Santa Rosa Plateau Nature Education Foundation, Inc., (SRPNEF), a California tax-exempt, non-profit corporation.

**I AM AWARE THAT PARTICIPATION IN SRPNEF EVENTS OR PROJECTS MAY BE A HAZARDOUS ACTIVITY, AND I AM VOLUNTARILY PARTICIPATING AS A VOLUNTEER WITH THE KNOWLEDGE OF THE POSSIBLE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DEATH, OR DAMAGE TO MYSELF OR MY PROPERTY.**

In exchange for the benefits to be derived by my participation as an SRPNEF Volunteer, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will hold harmless, not make a liability claim against, sue or attach the property of or prosecute the Santa Rosa Plateau Nature Education Foundation (SRPNEF), the Riverside County Regional Parks & Open Space District (RivCoParks) and SRPNEF's and RivCoPark's officers, agents, or employees, for injury, death or damages resulting from the negligence or other acts, or omissions, however caused, by any employee, agent, or contractor of SRPF or RivCoParks as a result of my participation as an SRPNEF Volunteer. In addition, I hereby release and discharge the SRPNEF and the RivCoParks, their officers, employees, and agents from all actions, claims or demands that I, my heirs, distributees, guardians, legal representatives, or assigns now have or may have hereafter have for injury or damages resulting from my participation as an SRPNEF Volunteer.

I understand that as an SRPNEF Volunteer I am not covered under any worker's compensation plan associated with the SRPNEF or the RivCoParks. I hereby consent to receive medical treatment which may be advisable in the event of injury, accident or illness while I am participating as an SRPNEF Volunteer. I will be responsible for any costs associated with medical treatment that I may need as a result of any injury while serving as a volunteer.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A HOLD HARMLESS RELEASE OF LIABILITY, MEDICAL AUTHORIZATION AND A CONTRACT BETWEEN ME AND THE SANTA ROSA PLATEAU NATURE EDUCATION FOUNDATION AND THE RIVERSIDE COUNTY REGIONAL PARKS & OPEN SPACE DISTRICT.**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City \_\_\_\_\_ CA ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

Birthdate: \_\_\_\_\_

ABC Certified: Yes \_\_\_\_\_ No \_\_\_\_\_

If volunteer is a **minor**, signature of parent or guardian: Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City \_\_\_\_\_ CA ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_