



Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Education/Experience

Last Grade Completed: \_\_\_\_\_ High School \_\_\_\_\_ College: Degree \_\_\_\_\_

Trade Licenses: \_\_\_\_\_

Certifications: \_\_\_\_\_

Training: \_\_\_\_\_

Do you know any other languages? \_\_\_\_\_

Availability:

	MON	TUE	WED	THR	FRI	SAT	SUN
Day							
Evening							

Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Year Round \_\_\_\_\_

Monthly \_\_\_\_\_ Weekly \_\_\_\_\_ More than once a week \_\_\_\_\_

Special Event or Project \_\_\_\_\_

Notes:

1) How did you hear about Greenwell Foundation?

---

---

2) What unique qualities and talents do you bring to Greenwell?

---

---

3) What do you hope to receive from your volunteer experience?

---

---

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

RELEASE OF INFORMATION, CERTIFICATION, and SIGNATURE: I consent to the release of all relevant information concerning my ability and fitness to work as a volunteer. I further understand that I may withdraw my application at any time. I certify that the information given herein is true and correct to the best of my knowledge and belief. I also understand that a false answer to any question may be grounds for discharge.

_____	_____
Applicant's Signature (Includes minors)	Date
_____	_____
Parent/Guardian's Signature	Date

SOME VOLUNTEER ACTIVITIES MAY BE DANGEROUS FOR PEOPLE WITH CERTAIN DISABILITIES: By signing this I agree to obtain my doctor's written approval to participate in certain activities.

_____	_____
Applicant's Signature (Includes Minors)	Date
_____	_____
Parent/Guardian's Signature	Date

OTHER RESPONSIBILITIES MAY REQUIRE A BACKGROUND CHECK IN ACCORDANCE WITH MARYLAND OR FEDERAL LAW: I hereby give my permission to the Greenwell Foundation and/or the Department of Natural Resources to conduct a background check on me before considering me for volunteer work involved in the disabled, children, Junior Ranger positions, and other legally definted jobs requiring background checks.

_____	_____
Applicant's Signature (includes minors)	Date
_____	_____
Parent/Guardian's Signature	Date

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

**LIABILITY RELEASE:** I the undersigned volunteer (print name of Volunteer)/I as Parent/Guardian of Minor volunteer \_\_\_\_\_ for and in consideration of participation in the activities and programs of the Greenwell Foundation/DNR, including but not limited to, equestrian programs, training sessions, gardening, special events, office work, maintenance and any other activity sponsored by, do hereby forever release Greenwell Foundation and the Maryland Department of Natural Resources (DNR), their officers, directors, advisors, supervisors, instructors, staff, and members, from any and all claims, demands, suits, or liabilities which might otherwise arise by virtue of any injury which may occur to myself and to further agree to indemnify and hold harmless each and everyone of them from any and all claims, demands, suits, or liabilities which might otherwise arise by virtue of injury, or occasioned by, myself, or any horse under my direction or control, or ownership.

I acknowledge that I have been informed and understand the inherent risk involved when in the presence of riding a horse/pony and/or usage of power tools for general and lawn maintenance. This risk includes, but is not limited to, paralysis, death, being bitten, stepped on, or bumped into by a horse; or injury caused by equipment owned by either the Foundation or DNR.

\_\_\_\_\_  
Signature of Volunteer or Parent/Guardian of Minor

\_\_\_\_\_  
Date

**CONSENT TO TREATMENT:** I do authorize any officer, director, advisor, or supervisory personnel of Greenwell Foundation and /or the Department of Natural Resources, to consent on my/our behalf, in our absence, to any emergency medical treatment which may be required for myself, or the Minor volunteer and do agree to indemnify and hold harmless anyone giving such consent.

I acknowledge that we have been informed and understand the inherent risks related to volunteer opportunities offered by both the Greenwell Foundation and the DNR.

\_\_\_\_\_  
Signature of Volunteer or Parent/Guardian of Minor

\_\_\_\_\_  
Date

**PERMISSION TO PHOTOGRAPH/FILM RELEASE:** Permission is hereby granted for (Print name of Volunteer) \_\_\_\_\_ to be filmed and/or photographed during their participation in the Greenwell Foundation and DNR sponsored programs.

I understand that any photos or video taken will be utilized solely for the purpose of training and education of volunteers and professionals for the sponsored programs, as well as general marketing purposes. Permission for use of photos/film for other purposes will be requested on an as needed basis.

\_\_\_\_\_  
Signature of Volunteer or Parent/Guardian of Minor

\_\_\_\_\_  
Date

The release for Liability, Consent to Treatment, and Permission to Photograph and indemnification shall be continual and shall remain in full force and effect until revoked by a document in writing, delivered to the Executive Director of the Greenwell Foundation.

I declare, under penalty or perjury, that the foregoing is true and correct.  
Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Self/Parent/Guardian

\_\_\_\_\_  
Print Name and Relationship to Applicant

Programs sponsored by the Greenwell Foundation and DNR are open to all citizens without regard to race, color, sex, disability, religion, age or national origin.

PLEASE FULLY SIGN WHERE ASKED

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

**THE GREENWELL FOUNDATION  
AND GREENWELL STATE PARK, DEPARTMENT OF NATURAL RESOURCES**

The Volunteer Professional Agrees:

- ★ To be prompt and reliable in reporting for scheduled work, and to provide the Foundation and or DNR staff with an accurate record of hours worked by signing in and out when entering and leaving.
- ★ To exercise caution when acting on the Park or Foundation's behalf in any situation, and to protect the confidentiality of all information relating to the Foundation and/or DNR; specifically relating to the privacy of disabled participants.
- ★ To notify the supervising person if unable to work as scheduled. This will be done as early as possible to permit reassignment of another Volunteer Professional.
  
- ★ To attend orientation and training sessions as scheduled, and to undertake continuing education when provided by the Foundation or DNR staff to maintain continuing competence in my work area.
- ★ To become thoroughly familiar with the Foundation/DNR policies and procedures, both written and verbal as they apply to the Volunteer Program.
- ★ To carry out assignments in good spirit and to seek assistance of the Volunteer Coordinator or my direct supervisor in any situation requiring special guidance.
- ★ To consult with the appropriate staff before assuming any new responsibilities.
- ★ To respect the function of paid staff and contribute fully to the maintenance of a smooth working relationship between paid and volunteer staff.
- ★ To accept the Foundation's and/or DNR's right to dismiss any Volunteer Professional for poor performance, including poor attendance.
- ★ To notify the Volunteer Coordinator in writing at least two weeks in advance of any planned resignation or leave of absence from a program.
- ★ Wear your Volunteer Name Tag at all times.

I HEREBY AGREE TO WORK WITHIN THE GUIDELINES SET FORTH ABOVE.

\_\_\_\_\_  
Applicant's Signature (includes Minors)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if applicant is a Minor)

\_\_\_\_\_  
Date

<sup>1</sup> An accurate record of volunteer hours enables us to justify grant money. Grant money and contributions provide the basis for our programs for the disabled and some of the programs and equipment for the park.

Maryland Department of Natural Resources  
Maryland Park Service

**VOLUNTEER REGISTRATION FORM**

**VOLUNTEER NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(C)** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

*Please read the following paragraphs outlining the State of Maryland's liability and medical coverage responsibility for volunteers.*

**Liability**

Although not a compensated employee of the State, a volunteer is included in the definition of "State personnel" within the meaning of a law that protects State employees from liability. The law provides, "State personnel . . . are immune from suit in courts of the State and from liability in tort for a tortious act or omission that is within the scope of the public duties of the State personnel and is made without malice or gross negligence."<sup>1</sup> Thus, the State will represent and defend a volunteer sued for commission of a tortious act provided the volunteer's conduct falls within the stated limitations: the act is committed (a) within the scope of the volunteer's service, (b) without malice, and (c) without gross negligence.

**Medical Insurance Coverage**

A volunteer worker for a unit of State government is a covered employee under the Maryland Workers' Compensation Act; specifying that, for certain purposes, the State is the employer of a certain volunteer worker; limiting the benefits provided to a volunteer worker to medical services and treatment under Subtitle 6, Part IX for a compensable injury. Workers' Compensation claim forms must be submitted through the appropriate channels within thirty (30) days of the date of the accident/injury

*I attest that I have read, understand, and accept the above provisions for liability and medical coverage for volunteers.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**If the individual is under 18 years of age:**

\_\_\_\_\_  
**Signature of Parent / Guardian**

\_\_\_\_\_  
**Date**

<sup>1</sup> Courts and Judicial Proceedings Article, §5-522(b). The law is known as the Maryland Tort Claims Act. See State Government Article, §12-101(a)(3) and COMAR 25.02.01.02B(8) (State personnel includes individuals not paid by State who are participating in formal volunteer program).