

Special Project/Group Volunteer Record

Individual Volunteer Forms must be completed by each person participating in the project. Each participant may also be asked to complete our standard consent form.

Name _____
Last First Middle
Address _____
Street City State Zip
Phone (day) _____ (eve) _____ (pager) _____ (email) _____
Group _____
Contact _____ Phone _____

In case of emergency, please notify

Name _____
Last First Middle
Address _____
Street City State Zip
Phone (day) _____ (eve) _____ (pager) _____ (email) _____

Project Description

AWF Project Supervisor _____

Other Supervisor _____

I offer and agree to volunteer my services without compensation in wages to accomplish the work described above to assist **American Wildlife Foundation** in accordance with the following understanding.

Project Date _____ Time _____

It is understood that all publications, films, slides, videos, artistic or similar endeavors, and my likeness in such endeavors, resulting from my volunteer services, will become the property of **AWF**.

Please return this completed form to:
AWF, P.O. Box 1246, Molalla, OR 97038

Group Volunteer Service Agreement

Group _____

Contact _____ Phone _____ Email _____

Address _____
Street City State Zip

In case of emergency, please notify

Name _____
Last First Middle

Address _____
Street City State Zip

Phone (day) _____ (eve) _____ (pager) _____
(email) _____

We offer and agree to volunteer our services to accomplish the work described above to assist **AWF** in its authorized activities, in accord with the following understandings:

- The participating volunteers will contribute services without compensation.
- This agreement will not confer the status of employee onto the volunteer.
- Each participant is at least 18 years old (or if any are under 18, a parent or guardian of each child consents to this agreement as shown by his or her signature on this agreement).
- We will provide **AWF** with each participating volunteer's name, phone number, address, and number of service hours contributed. Each participant has certified, or before commencing work will certify, that he or she (1) has been informed of health and physical-condition requirements for doing the work and project location, and (2) knows of no physical condition or limitation that may adversely affect his or her ability to do this work. We will supervise our participants' work.
- Either we or **AWF** may terminate this agreement at any time by notifying the other party in writing.

Signature of Representative of Organization or Group _____

Date _____