

Volunteer Program Application

First Name: _____ Last Name: _____

Email: _____

Phone: _____ Texting okay? Yes No

What is the best way to contact you? Phone Email

In case of emergency, please notify:

Name: _____ Relationship: _____

Phone: _____

Is there anything we need to know in case of an emergency?

Areas of Interest:

Please rank duties with "1" representing your most desired work, and "8" the least desired.

Please circle duties that you have experience with accomplishing.

_____ Animal care

_____ Educating visitors

_____ Algae removal

_____ Creating display materials

_____ Feeding creatures

_____ Sea water system maintenance

_____ Beach Cleanups

_____ Lab equipment maintenance

Please use this space to tell us more about why you want to volunteer with us. This could be a goal that you hope to accomplish with us, details about experience you would bring to our team, etc.

Please write in hours that you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Time expected to volunteer _____ hours per Week Month (please only select one)

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Questions, comments, concerns? Is there anything we should know that will help create a positive work environment?

Effective Date: _____ through _____

Agreement and Liability Waiver:

By signing below, I affirm and agree to the following:

POLICIES: I have read the Marine Life Center policies and the foregoing agreement, understand them, and agree to abide by them and all applicable Port of Bellingham policies and procedures.

ASSUMPTION OF RISK: I represent and warrant that I understand (i) that participation in this program will expose me to potential injuries up to and including serious injury and/or death including, but not limited to, stings, bites, cuts, chemicals, and/or allergens to which I may have a serious or life threatening allergic reaction; (ii) the description of risks set forth herein is not complete, and that unknown and/or unanticipated risks may result in serious injury, illness, and/or death; and (iii) that volunteering is a significant personal benefit to the me and therefore provides adequate consideration for this agreement. I hereby assume all risk of injury, illness, or death related to or arising out of my participation in this program.

RELEASE, INDEMNIFICATION, AND HOLD HARMLESS: FOR AND IN CONSIDERATION OF THE PORT OF BELLINGHAM ALLOWING ME TO PARTICIPATE IN THIS PROGRAM, I FOR MYSELF, MY MARITAL COMMUNITY, HEIRS, EXECUTORS, AND ASSIGNS, DO HEREBY FOREVER RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS THE PORT OF BELLINGHAM, ITS COMMISSION, EMPLOYEES, AND INSURERS FROM AND AGAINST ALL CLAIMS, DAMAGES, DEMANDS, OR INJURIES OF ANY KIND (ANTICIPATED OR UNANTICIPATED) OR NATURE (UP TO AND INCLUDING DEATH) ARISING OUT OF OR RELATING TO MY PARTICIPATION IN THE PROGRAM.

EMERGENCY MEDICAL ATTENTION: In the event of injury or illness, I understand that reasonable effort will be made to contact my emergency contact listed above. However, I am aware that if the injury or illness appears serious and the emergency contact cannot be reached, the individual in charge will secure emergency medical care as needed.

FINANCIAL RESPONSIBILITY: I, realizing that the Port of Bellingham does not provide insurance coverage for me, will assume financial responsibility for any cost relating to any accident or injury that might occur while I am participating in the above-named program.

GRANT OF PUBLICITY RIGHTS: I grant the Port of Bellingham, and it's agents or assignees, the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, publicly display, without restriction, photographs, motion pictures, stories, depictions, names, recording or any other record of my participation in the program, including without limitation my name, voice, words, image, personality, or other likeness in any form or manner, including any electronic or non-electronic medium now known or later devised, all in connection with the Port of Bellingham and the program for advertising, distribution, marketing, promotion, publicity, or any other lawful purpose. I waive any my right to own, inspect, approve, or receive any payment or attribution with respect to the above.

Sign here: _____ Date: _____

Please return completed application to Marine Life Center and we will contact you!