

Glocester Land Trust
Volunteer Application

Please provide the following information:

PERSONAL INFORMATION:

First and Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Have you ever been convicted of a criminal offense? [] Yes [] No
If your answer is yes, please indicate what offense and date with explanation on a separate sheet.

ACTIVITY INTERESTS:

Specialized volunteer activities in which you would be interested: (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Trail Maintenance | <input type="checkbox"/> Trail Inspections |
| <input type="checkbox"/> Litter Control | <input type="checkbox"/> Clerical Tasks |
| <input type="checkbox"/> Landscaping and Planting | <input type="checkbox"/> Informational Research |
| <input type="checkbox"/> Trail and Parking Area Projects | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Scientific; Nature Studies,
Inventory, or Observation | <input type="checkbox"/> Creative; Photography, Art, or Writing |

Please list any other skills or areas of expertise you have that you feel may be relevant to our mission: _____

EMERGENCY CONTACT:

In case of an emergency, please provide information for a relative or friend whom you would like us to contact.

Name: _____ Relationship: _____

Address: _____

Phone 1: _____ Phone 2: _____

Date: _____

Applicant's Signature

***** **Important – Please Read** *****

All volunteers that partake in GLT-sponsored events involving children are required to submit an official BCI check from the Rhode Island Attorney General's Office to the Gloucester Land Trust. Volunteers are responsible for any costs associated with a BCI check.

- Volunteers are responsible for their own personal protective equipment suitable for each task for which they have registered. Volunteers not dressed appropriately will be asked to leave.
- Each volunteer must follow directions given to him or her by the GLT Activity Coordinator and be sure to notify the Coordinator immediately of any safety issues that he or she observes or creates.
- No volunteers may at any time be under the influence of illicit drugs or alcohol while participating as a GLT Volunteer. Suspicion of being under the influence of alcohol or drugs will result in immediate dismissal from activities.

The GLT Board of Trustees retains the right to dismiss any individual from participating as a GLT volunteer.

The Gloucester Land Trust *Adult Volunteer Waiver*

I wish to volunteer my services to assist Gloucester Land Trust. I understand the nature of the volunteer activities that are to be performed by me may involve physical activity, use of hand tools, (use of motorized equipment if over the age of 18); contact with unidentified and unfamiliar persons, travel to and from the project site location and other potential risks of injury.

Knowing this, I represent that I am capable of performing the physical activity required of me in the contemplated volunteer project, I still wish to volunteer and hereby assume the risk, with respect to any accident or injury to person or property which I may sustain in connection with my participation as a volunteer. I understand that volunteers must provide, and are responsible for, their own personal protective equipment suitable for the tasks performed. In addition, I hereby release and discharge Gloucester Land Trust, its trustees, officers, employees, partners, affiliates, agents and successors, as well as the real property owner (if not owned by the Gloucester Land Trust) from any and all liability or responsibility for any such accident or injury I might sustain in connection with the actions of any third party or third parties. Finally, I authorize Gloucester Land Trust to use photographic images taken during the event for promotional purposes without any further consent or approval.

Understanding that Gloucester Land Trust is an organization involved with children when performing restoration or educational activities, I hereby affirm that I have never been convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I been ordered by a court to receive psychiatric or psychological treatment in connection there with. I further represent and warrant that I will not drink alcohol or be under the influence of any illegal drugs or mind altering controlled substance during the course of my volunteer work.

If I am under the age of 18, I understand that my parents **MUST** give their consent to my participation and their signatures are attached hereto (on separate youth volunteer waiver).

Print Name of Volunteer

Signature

Date

Subscribed and sworn to before me this _____ day of _____.

Notary Signature

My commission expires: _____

Please submit completed application using one of the following methods:

Mail to: Gloucester Land Trust, PO Box HH, Chepachet, RI 02814

Deliver to: Gloucester Town Clerks Office, during regular business hours

Submit at: GLT Meeting, 2nd or 4th Tuesday of each month, 7:00 pm, Gloucester Town Hall



Volunteers

The Trust's Liability Coverage Document clearly includes volunteers in its definition of an "**Insured Member**."

"The term "Insured Member" includes all persons who were, now or shall be lawfully elected or lawfully appointed officials, trustees, directors, employees, volunteers or council members of the "Insured Member" in the regular service of the "Insured Member" during the existence of this Insurance ...

Volunteers mean all persons acting on or behalf of the "Insured Member" with the specific prior approval or knowledge of a responsible official of the "Insured Member".

Therefore, these individuals, acting as volunteers on behalf of the Trust Member, would be protected by The Trust's liability coverage provided to the Member.

In the Liability Coverage Document, volunteers are covered essentially as "third parties," meaning, for instance, that if they are injured while conducting their volunteer work for the Member, they are entitled to bring (file) a claim against the Member. The Trust, in that instance, would accept the claim, investigate the circumstances surrounding the Member's alleged liability, and make a decision on either covering damages and related expenses, or to deny and defend the Member if the situation so warrants.

It is important to understand, however, that the "volunteer" is not covered as if he/she is an employee. That means, among other things, that the volunteer is not entitled to reimbursement of lost wages, as he/she did not function as an employee of the Member. Lacking "employee status," the volunteer cannot bring a claim against the Member under the provisions of the State Workers' Compensation law. The individual volunteer must bring that claim as described above — essentially as a "third party" even though he/she was acting as a Member volunteer when the incident occurred.

Please be advised that The Trust does **not** offer insurance coverage to Member's employees or volunteers who use their own vehicles while undertaking Member's business. The Trust is able only to provide coverage to vehicles and equipment which are owned or leased by the Member itself.

Also, if Member employees, volunteers or any official of the Member are using their personal vehicles on Member business, The Trust would only respond to an auto liability accident involving an employee/volunteer's vehicle while in the conduct of Member's business if that employee/volunteer's own primary level of insurance was insufficient. Trust coverage is excess or secondary to the employee's personal and primary insurance policy. This is a customary provision in business insurance packages.