



Blanchard River Watershed Partnership

BRWP
P.O. Box 1237
Findlay, Ohio 45839-1237

“Striving to restore and maintain water and habitat quality through cooperation and partnerships”

Volunteer Information Form

Name _____ Age _____ (if not 18)

Address _____

City _____ State _____ Zip _____

Phone_(_____) _____ E-mail _____

Willing to volunteer for ____ trash pick-up ____ river survey ____ monitoring ____
____ clerical ____ baking ____ other Specify _____

Qualified Data Collector (QDC) level _____ (if applicable)

Training Workshops Attended

Year _____ Location _____ Instructor _____

Year _____ Location _____ Instructor _____

AGREEMENT TO PARTICIPATE—RELEASE and WAIVER FORM 2012

I agree to indemnify and hold harmless the Blanchard River Watershed Partnership (BRWP), co-sponsors, and landowners, as well as the community in which the volunteering will be conducted, from all liability, loss and expense, including but not limited to damages, legal expenses and cost of defense, in any matter arising from participation in the BRWP volunteering/monitoring program.

I further agree to follow all applicable guidelines provided by the BRWP and/or co-sponsors.

Volunteer (signature)

Parent or Guardian (signature if volunteer under 18)

Date

Date

Volunteer (please print)

Parent or Guardian (please print)