



Dickinson

COMMUNITY-BASED RESTORATION WATER QUALITY MONITORING VOLUNTEER WAIVER

Please add your initials to each line, and sign and date at the bottom.

Code of Conduct

1. ___ I hereby agree to perform Community-Based Restoration Monitoring volunteer responsibilities willingly and courteously to the best of my abilities.
2. ___ I agree to follow instructions and guidance as instructed by the program manual, volunteer program packet, and program staff.
3. ___ I will show respect to everyone involved in the Community-Based Restoration Monitoring (volunteers, organizational partners, and Alliance staff) and strive to create a safe environment for everyone. I understand that failure to uphold these community values will result in my dismissal.
4. ___ I understand and agree to attend all trainings, meetings, and monitoring days that I sign up for or will give immediate notice if I am unable to attend or will be late.
5. ___ I acknowledge that all monitoring equipment is given to me as a loan and I assume responsibility for the safety and care of all equipment.

Liability Release:

1. ___ I acknowledge that there are risks and hazards associated with water quality monitoring and I agree to assume all such risks and the possibility of hazards to myself or personal property, and do not hold the Alliance for the Chesapeake Bay, Dickinson College's Alliance for Aquatic Resource Monitoring, property owners, or other associated organizing group(s) responsible.
___ I recognize that by signing this document I am waiving certain rights, including the right to sue.
2. Photo Release: Volunteer gives permission for photos to be taken of them during their tenure to be used for future project promotion and/or reporting.
 Check here if you do not give permission for your photos to be used.
3. Governing Law: This Agreement shall be governed by and construed in accordance with the laws of Pennsylvania, Maryland, and Virginia.

Termination: The Alliance may terminate this Agreement at any time with cause, providing written notice to the other party.

Printed name: _____ Signature: _____

Date: _____



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OPTIONAL: Demographic Information

Full name:

Gender: _____ Age: _____

Current or former occupation: _____ Retired? Yes No

Select your ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Please check one or more of the following groups in which you consider yourself to be a member:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic
- Native Hawaiian or Other Pacific Islander
- White, non-Hispanic