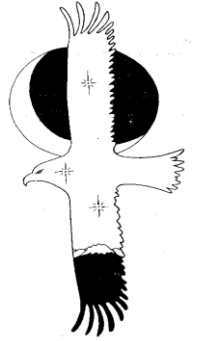


Volunteer Agreement Form

Skagit River Bald Eagle Interpretive Center



Volunteers are an important and valued part of the **Skagit River Bald Eagle Interpretive Center**. We hope that you enjoy volunteering with us and feel a full part of our team. This agreement tells you what you can expect from us, and what we hope from you. We aim to be flexible, so please let us know if you would like to make any changes and we will do our best to accommodate them.

We, **Skagit River Bald Eagle Interpretive Center**, will do our best:

- to introduce you to how the organization works and your role in it and to provide any training you need. The initial training agreed is _____.
- to provide regular meetings with a main point of contact so that you can tell us if you are happy with how your tasks are organized and get feedback from us. Your manager's/supervisor's will be the Interpretive Center Coordinator.
- to respect your skills, dignity, and individual wishes and to do our best to meet them.
- to consult with you and keep you informed of possible changes.
- to provide a safe workplace.

I, _____, agree to do my best:

- to work reliably to the best of my ability, and to give as much warning as possible whenever I cannot volunteer when expected.
- to follow the Skagit River Bald Eagle Interpretive Center's rules and procedures, including health and safety, equal opportunities.

Note: this agreement is in honor only and is not intended to be a legally binding contract of employment.

Liability Waiver & Hold Harmless Agreement

You further agree by your signature below to hold the **Skagit River Bald Eagle Interpretive Center** harmless for any such expenses incurred for the medical treatment of you in the event of accident or injury, and waive all rights to recover medical expenses associated with such accident or injury.

Name of Primary Emergency Contact _____

Phone _____

Name of Secondary Contact _____

Phone _____

Special Instructions: (Allergies, medications taken regularly, diabetic, etc.)

I have read and understand the statements above, and accept the terms and conditions, subject to the information and special instructions I have supplied above.

Signature _____ Date Signed _____

Volunteers Under Age 18

Parental Signature is required. If you are fulfilling an academic requirement, enter hours required: _____

Completion Date _____ Name of School _____

Signature of Parent or Legal Guardian _____ Date Signed _____

Skagit River Bald Eagle Interpretive Center

Howard Miller Steelhead Park
52809 Rockport Park Road
Rockport, WA 98283
360-853-7626
www.skagiteagle.org
srbeatic@frontier.com