



POST Partners Volunteer Program

2020 VOLUNTEER WAIVER AND INDEMNIFICATION FORM

Participant Name: _____ **Organization:** Colorado Bluebird Project
Site Location: Assigned by Volunteer Coordinator from Preference Form **Date:** April-August, 2020

RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT: PARTICIPANT MUST READ EACH SECTION CAREFULLY BEFORE SIGNING

In consideration for being permitted to perform the below-described volunteer activities for the Town of Castle Rock (Town), I hereby acknowledge, represent, and agree as follows:

A. I understand that said activities are or may be dangerous and do or may involve risks of injury, loss, or damage. I further acknowledge that such risks may include but not be limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage. I acknowledge that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with the use of the activities; including but not limited to the following risks: Possible cuts and scrapes on hands if left unprotected.

Activities to be performed: monitoring and recording breeding activity of bluebird nest-boxes.

B. By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I hereby expressly assume all such risks of injury, loss, or damage to me or to any third party arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the Town, its officers, its employees, or by any other cause.

C. By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I further hereby waive, and exempt, release, and discharge the Town, its officers, and its employees from, any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the Town, its officers, its employees, or by any other cause, excepting only the willful and wanton conduct of the Town's officers or employees.

D. I further agree to defend, indemnify and hold harmless the Town, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, including any third party claim asserted against the Town, its officers, employees, insurers, or self-insurance pool, on account of injury, loss, or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above-described activities, whether or not caused by my act, omission, negligence, or other fault, or by the act, omission, negligence, or other fault of the Town, its officers, its employees, or by any other cause, excepting only the willful and wanton conduct of the Town's officers or employees.

E. By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I hereby acknowledge and agree that said **AGREEMENT** extends to all acts, omissions, negligence, or other fault of the Town, its officers, and/or its employees, and that said **AGREEMENT** is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion hereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.

F. I understand and acknowledge that the Town, its officers, and its employees are relying on, and do not waive or intend to waive by any provision of this **RELEASE AND INDEMNIFICATION AGREEMENT**, the monetary limitations (presently \$150,000 per person and \$600,000 per occurrence) or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, C.R.S. §24-10-101 et seq., as amended, or otherwise available to the Town, its officers, or its employees.

G. I understand and agree that the laws of the State of Colorado shall govern this **RELEASE AND INDEMNIFICATION AGREEMENT**, and that jurisdiction and venue for any suit or cause of action under this Agreement shall lie in the courts of Douglas County, Colorado.

I HAVE READ and UNDERSTAND EACH SECTION ABOVE:

(Participant initials here)
(If Participant is under 18 years old, Parent initial here)



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This **RELEASE AND INDEMNIFICATION AGREEMENT** shall be effective as of the date set forth below and shall be binding upon me, my successors, representatives, heirs, executors, assigns, and transferees.

II. PARTICIPANT SIGNATURE AND DATE:

Participant Name: _____ Age: _____

III. IF PARTICIPANT IS UNDER 18 YEARS OLD, PARENT SIGNATURE AND DATE:

A. By initialing above and signing below, I acknowledge that I am the parent of the above-named Participant as the term "parent" is defined in C.R.S. Section 13-22-107(2)(b), and I hereby waive and release any prospective claim of the Participant against the Town, its officers, and its employees for negligence, to the extent provided in C.R.S. Section 13-22-107(3), in connection with the above-described activities.

If signing for other family members, please print their names and year of birth below:

Name: _____ Year of Birth: ____/____/____
Name: _____ Year of Birth: ____/____/____

B. I hereby grant the Town of Castle Rock and the Parks and Recreation Department the right and license to use my and my child's name, image, likeness and comments in Castle Rock materials for internal and external audiences. These materials include, but are not limited to, advertisements, brochures, news releases, magazines, newspapers, newsletters, videos and websites.

- YES**, the Town is authorized to use my/my child's name/image.
- NO**, the Town is not authorized to use my/my child's name/image.

Parent - Print Name: **(required)** _____ Today's Date: ____/____/2020

Parent's Signature: **(required)** _____

Mailing Address:

E-mail Address: **(required)** _____

Phone: **(required)** _____

No, please do not contact me regarding parks, open space and trail news and volunteer events.

Please Note: *Although the Town of Castle Rock has partnered with the Volunteers of America to secure minimal insurance coverage for all our volunteers, it is our sincere hope that you donate or give up any claim you may acquire during your volunteer service so that we may keep insurance costs to a minimum. It is our recommendation that you consult with your insurance agent to be sure that your personal insurance coverage is sufficient to cover you for any volunteer services you perform.*



Colorado Bluebird Project 2020 Monitoring Site Preference Form



Name: _____ Today's Date: _____

Email Address: _____ Phone: _____

New Bluebird Volunteer: _____ OR Returning Bluebird Volunteer monitoring since: _____

Volunteers are assigned one site to monitor each year. Due to program popularity, we cannot guarantee that you will be assigned to monitor more than one site.

_____ Please check here if you wish to monitor more than one site, if available.

If your preferred site is unavailable and you do not wish to monitor any other location, you will be placed on a wait list.

_____ Please check here if you do not wish to be on a wait list for this year.

Please indicate below which sites you would be interested in monitoring this year in order of preference (1st, 2nd, 3rd):

- _____ Butterfield Park
- _____ Castle Rock Elementary *(June - August only)*
- _____ Cedar Hill Cemetery
- _____ Clear Sky Elementary / Bison Park *(June - August only)*
- _____ Crystal Valley Ranch @ Sellars Gulch
- _____ Douglas County High School
- _____ Faith Lutheran Church
- _____ Flagstone Elementary *(June - August only)*
- _____ Flagstone Elementary - Future Park Site *(June - August only)*
- _____ Gateway Mesa Open Space
- _____ Gateway Mesa OS Interior (interior of Chuck's Loop Trail)
- _____ Gemstone Park
- _____ Matney Park
- _____ Memmen Ridge Open Space
- _____ Mesa Middle School *(June - August only)*
- _____ Metzler Ranch Park *(June - August only)*
- _____ Native Legend Trail
- _____ Native Legend Trail East
- _____ Philip S. Miller Park
- _____ Plum Creek Park
- _____ Quarry Mesa
- _____ Red Hawk Ridge Golf Course Group A
- _____ Red Hawk Ridge Golf Course Group B
- _____ Renaissance Magnet School *(June - August only)*
- _____ Rhyolite Regional Park
- _____ Sage Canyon Elem. School (trail next to school) *(June - August only)*
- _____ Stewart Trail @ Ridgeline Open Space
- _____ The Rock Church
- _____ Woodlands Bowl Open Space
- _____ Wrangler Park *(June - August only)*

**For any questions with this form, please contact Marcy Jones, Volunteer Coordinator,
at mjones@CRgov.com or 303-814-7456.**



POST Partners Volunteer Program

Individual Volunteer Application (Beaver and Squirrel Level)

Name (first and last) _____ Today's Date: _____

Address: _____

City: _____ State: _____ Home Zip: _____

Phone: (_____) _____ - _____ Work/Cell: (_____) _____ - _____

Email address: _____ Year of birth: _____

T-shirt size: SM MED LG XL 2-XL 3-XL

When can we call on you to volunteer for Town of Castle Rock events?

Throughout the year Winter Only (Nov – Feb) Summer Only (Mar – Oct)

Other (specify) _____ Morning Afternoon Evening Flexible

Physical or Health Restrictions (specify)? _____

Areas of Expertise _____ Personal skills, interest or hobbies _____

Following is a partial list of activities and events for which you may be called upon to volunteer. Please check all of the items for which you are interested in serving or have previous experience.

Natural Resources:

Displays Brochures Photography Interpretive Program Design Clean-up Weeding

Habitat Restoration Colorado Bluebird Project Other: _____

Recreation, Parks and Trails:

Trail Building/Repair Crew Trail Host Bicycle Events Special Events Office Work Clean-up

Recreational Hikes Other: _____

Have you even been convicted of or plead guilty to a felony? Yes No

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application and may be subject to a criminal background check. I am offering my services as a volunteer and understand that I will not be entitled to any form of compensation for any service I provide. I realize that a separate volunteer waiver and indemnification form will have to be signed and submitted annually for my application for service to be finalized and active.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Parent or guardian if applicant is under 18)

Please fill out this section if you will be working directly with youth participants:

We will conduct criminal background checks on all volunteers working with youth participants.

Social Security #: _____ Date of birth: _____

Previous states of residence: _____ Driver's license: _____