



Camp Conservation Volunteer Release Form

Volunteer Name _____ Birth Date _____

Home Address _____

City _____ State _____ Zip _____

Phone # _____

E-mail: _____

Have you ever been convicted of any offense that requires registration as a sex offender?

yes _____ no _____

As a Volunteer of our organization, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees, and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis.

Signed: _____ Date: _____

