



# Volunteer Information

Return completed form to:  
New York-New Jersey Trail Conference  
600 Ramapo Valley Road, Mahwah, NJ 07430  
Ph: 201.512.9348 email: volunteer@nynjtc.org

PERSONAL INFORMATION		
Name (First, Last):		
Email:		
Primary Phone:	Age (*if under 18 a Guardian Consent Form must be signed):	
Street:		
City:	State:	Zip:
EMERGENCY CONTACT		
Name:		
Primary Phone:	Alternate Phone:	
E-mail:		
Street:		
City:	State:	Zip:
ACKNOWLEDGEMENT AND CONSENT		
<p>While we take every precaution to ensure a safe, enjoyable work experience for our volunteers, volunteer work on trails can present certain dangers. The Trail Conference relies on mature, responsible volunteers, capable of working with minimum supervision. Accordingly, it is our policy to require agreement to our Code of Conduct. Please acknowledge your consent and agreement to the following by signing below:</p> <p>I expressly waive any claim for compensation for work done and hereby release the Trail Conference from any liability for illness, injury or medical expenses sustained while volunteering with the Trail Conference—beyond what may be offered freely by the Trail Conference. If injury does occur I give consent for emergency or other medical treatment to be administered. I further agree to personally indemnify the Trail Conference and hold the organization harmless from any loss sustained by reason of any illness or injury while volunteering for the Trail Conference.</p>		
Signature:	Date:	