

VOLUNTEER AGREEMENT – GENERAL FIELD WORK

Volunteer First and Last Name: _____
Mailing Address: _____
Email: _____
Phone: _____
Emergency Contact Name & Number: _____

[If under 18 years of age]

Parent/Guardian First and Last Name: _____
Mailing Address: _____
Email: _____
Phone: _____

TNC Supervisor: _____

1. **VOLUNTEER SERVICES:** I agree to participate with The Nature Conservancy (“Conservancy”) in the following volunteer activities (the “Activities”): **Remove and haul brush and honeysuckle; perform other miscellaneous preserve upkeep tasks for about three hours. The work may be strenuous for some.**

Fill in as applicable: I will generally participate _____ day(s) per week, _____ hours per day for a total of _____ hours per week from (m/d/y) _____ to (m/d/y) _____, based at Ives Road Fen Preserve, Lenawee County, Michigan.

I agree to follow the instructions of the Conservancy representative named above. I agree to perform my volunteer services in a lawful, ethical, and safe manner. Either the Conservancy or I may end my voluntary participation at any time and for any reason.

2. **NO COMPENSATION OR BENEFITS:** I understand that I will receive no pay, benefits, or other privileges of employment of any kind from the Conservancy for my services. Without limiting the foregoing, I understand and agree that:
- a. the Conservancy carries secondary accident insurance for volunteers, which means that I must draw on my own insurance coverage in full before the Conservancy’s insurance may become available;
 - b. I am solely responsible for any costs incurred for any and all medical care received whether related or unrelated to my volunteer service;
 - c. I am not eligible for workers’ compensation benefits if I am injured or become ill as a result of my volunteer service;
 - d. I am not eligible for unemployment compensation benefits when my volunteer service ends; and
 - e. the Conservancy will not reimburse me for any expense without express prior approval, in writing from the Conservancy representative named above and that any reimbursable expenses must be reasonable in amount, related to and in furtherance of my volunteer service and substantiated by proper and adequate documentation and receipts.
3. **POLICIES AND PROCEDURES:** I understand that the Conservancy is committed to providing an environment for employees and volunteers that is free of harassment and other improper conduct. I agree to treat all Conservancy employees and volunteers with respect. I will read and comply with any other Conservancy Policies and Procedures that the Conservancy staff person guiding my volunteer service asks me to read.
4. **ASSUMPTION OF RISK:** With regard to my presence on Conservancy property and the volunteer services I will be providing, I understand and agree to each of the following:
- a. My activities as a volunteer may involve sustained strenuous physical activity and entail a risk of injury or death. There is a possibility of injury from vehicle accident, use of power and hand tools and other equipment, use of chemicals, falling or tripping on uneven, steep or unstable terrain, tick and other insect bites (Lyme’s disease), heat stress and heat stroke. Accidents or injuries may occur in locations or under circumstances where medical attention is not readily available. I assume the full risk of any injuries, property damage, or loss that I may sustain as a result of participating in any and all activities connected with or associated with volunteering for the Conservancy, even if the damage results from the negligence of the Conservancy or its staff.
 - b. I am participating at my own risk. I acknowledge that the Conservancy makes no warranty or representation, express or implied, regarding the condition or safety of any property owned or managed by the Conservancy, any equipment to be used in the volunteer activities, the instructions or guidance provided to us, or the safety of the activities themselves.
 - c. I am in good health. I am aware of no problem or condition that will limit or interfere with my ability to participate in this activity under either predicted or emergency conditions.

- d. I understand that I will be using equipment and that there are risks associated with the use of the equipment. I will not undertake the use of any equipment during the volunteer service unless and until I become familiar with and understand the proper and safe use of the equipment (including vehicles) and have received instructions and training for use of the equipment. I will follow all instruction by the Conservancy regarding safety and use of all equipment. I agree to take proper precautions in using the equipment to minimize the risks to myself and others in accordance with the directions of the Conservancy and any applicable laws and regulations.
 - e. I understand that there are health risks associated with use of chemicals. I will not use chemicals unless and until I have received the relevant Material Safety Data Sheets, instructions for use of the chemicals, and/or relevant training in safe use. I agree to take proper precautions in using chemicals to minimize the health risks to myself and others. Following application, I will store or dispose of any remaining chemicals in accordance with the directions of the Conservancy and any applicable laws and regulations.
 - f. Safety is my own personal responsibility and that I am free at any time to refuse, and should refuse, to do any activity I feel poses a hazard to me or anyone else, or to my property or anyone else's.
 - g. I will not perform any activities for which I lack necessary training, full qualification, equipment, and preparation.
 - h. In the event of an emergency, I authorize the Conservancy to secure from a licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care. I agree that I, and not the Conservancy, will be responsible for payment of all such medical services rendered.
 - i. I will not be under the influence of any alcohol or illegal drugs while performing the volunteer activities.
 - j. I will immediately report any accidents, disease or injury to myself or others related to the volunteer activities and cooperate in any investigation.
5. **RELEASE OF LIABILITY:** To the greatest extent permitted by law, on behalf of myself, my spouse, children, domestic partners, parents or other family, and their legal representatives, heirs, agents, insurers, successors, and assigns (collectively, the "Releasers"), I agree to each of the following:
- a. I HEREBY WAIVE AND RELEASE THE CONSERVANCY, ITS OFFICERS, DIRECTORS, TRUSTEES, EMPLOYEES, AGENTS AND SUCCESSORS IN INTERESTS (COLLECTIVELY, THE "RELEASEES") FROM ANY AND ALL CLAIMS, RIGHTS AND CAUSES OF ACTION ARISING OUT OF OR IN CONNECTION WITH MY VOLUNTEER SERVICE WITH THE CONSERVANCY, INCLUDING WITHOUT LIMITATION, THOSE INVOLVING PERSONAL INJURY, DEATH, OR LOSS OF USE OR DAMAGE TO PROPERTY EVEN IF THE DAMAGE RESULTS FROM THE NEGLIGENCE OF RELEASEES AND HEREBY FULLY RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS THE RELEASEES.
 - b. I have carefully read this release and any instructions provided by the Conservancy concerning volunteer service. I execute this agreement with full knowledge of all rights I may have with respect to the matters set forth in this paragraph, that I have had independent legal advice or the opportunity to obtain such advice before executing this agreement, and that I executed this agreement and granted this release of my own free will.
6. **MEDIA AUTHORIZATION:** I and any accompanied children give the Conservancy, its affiliates and their respective successors, assigns, agents, and licensees, the irrevocable and perpetual right to record and use, as the Conservancy may desire in its discretion, all recordings and reproductions or depictions of our name, likeness, voice, persona, words, actions, and/or biography, which the Conservancy may make. I and any accompanied children agree that (a) we shall have no right of approval and no claim to any compensation; (b) we shall not make any comments or provide information to the news media or on social media about the volunteer activities without authorization from the Conservancy; and (c) we are not authorized to speak on behalf of or to represent the Conservancy.
7. **[If under 18 years of age] PARENT/GUARDIAN RELEASE:** I make this agreement individually and on behalf of any youth (under 18) named below as the volunteer or as accompanying me to induce the Conservancy to allow the youth to participate in volunteer activities or to accompany me. All provisions of this agreement, including but not limited to the provisions of the paragraphs captioned "Assumption of Risk" and "Release of Liability" and "Media Authorization" apply to any named youth volunteer or youth accompanying me.

COVID-19 ACKNOWLEDGEMENT AND WAIVER

1. I certify that I will have current and active health insurance during the term of the Activities, and I will provide proof of said insurance to the Conservancy prior to beginning the Activities.
2. I acknowledge that COVID-19 is a highly contagious disease, is the source of a global pandemic, that information about COVID-19 is rapidly changing, and at this time there is no readily available or consistent treatment or cure for COVID-19.
3. I acknowledge that I may be exposed to COVID-19 or other illnesses by participating in the Activities, and I assume the risk of exposure to COVID-19 or other illnesses and waive all claims against the Conservancy with respect to exposure to COVID-19 or other illnesses.
4. I agree to complete TNC's Daily Self-Certification Health Questionnaire Relating to Covid-19 Symptoms ("Daily Certification") every day that I participate in the Activities, and to report my response to a designated TNC representative, as required. I

certify that if, during the term of the Activities, I answer “yes” to any of the questions on the Daily Certification, I will immediately notify the TNC representative and cooperate with any isolation, quarantine or relocation required by the Conservancy.

5. I acknowledge that if I develop COVID-19 Symptoms during my participation in the Activities or test positive for COVID-19, the Conservancy may notify those with whom I have been in contact and government officials, as appropriate.
6. I agree to comply with Executive Orders, directives and related guidance issued in relation to the COVID-19 pandemic (“COVID-19 Requirements”). I also agree to follow relevant CDC and state department of health guidelines on COVID-19 and adopt all appropriate safeguards to ensure my safety and the safety of any third parties with whom I come into contact in the context of the Activities (“COVID-19 Safety Measures”). If I am concerned at any point that I am not able to perform the Activities in a manner that is compliant with COVID-19 Requirements and COVID-19 Safety Measures, I agree to notify the Conservancy immediately.
7. I understand that I can obtain further information about COVID-19 at cdc.gov/coronavirus and michigan.gov/mdhhs.
8. I agree to comply with COVID-19 protocols and directions provided to me by TNC representatives. I acknowledge and agree that the Conservancy makes no representation or warranty that by following such protocols or directions from TNC that I will be fully protected from exposure to COVID-19.
 - a. All field activities must be conducted under the assumption that any involved TNC staff member, volunteer (not from the same household as another volunteer), contractor employee and member of the public may be currently COVID-19 asymptomatic and contagious.
 - b. Volunteers, not from the same household, must adhere to social distancing protocols: work at least 6 feet apart and no sharing of food or beverages.
 - c. Volunteers must bring their own face masks and must wear face masks when 6 feet of separation from other individuals that are not part of the same household.
 - d. Volunteers must bring their own tools and equipment and not share either tools or equipment with persons that are not part of their household.

By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made in it are all true, and that I am at least 18 years of age or, if I am not 18 years of age, that my parent or legal guardian must sign below.

Volunteer Signature: _____
Volunteer (print): _____
Date: _____

[if under 18 years of age]

Volunteer First & Last Name (print): _____
Age: _____
Volunteer Parent or Guardian First & Last Name (print): _____
Volunteer Parent or Guardian Signature: _____
Date: _____

TNC Supervisor Signature: _____
TNC Supervisor (print): _____
Date: _____

THE NATURE CONSERVANCY DAILY SELF-CERTIFICATION HEALTH QUESTIONNAIRE RELATING TO
COVID-19 SYMPTOMS – FOR THIRD PARTIES

Instructions: All individuals engaging in work with TNC employees or volunteers in groups of 2 or more must review all of the following questions at least once a day to determine if they may have symptoms of COVID-19 and to enable TNC to follow proper precautions. This self-certification must be done daily before conducting any group work (2 or more). The intent of this document is to identify any unexplained or new symptoms that could indicate possible COVID-19. It is not intended to cover recurring symptoms that are solely related to other health conditions (e.g. allergies). With these caveats, if the answer to any question is YES, you must alert your TNC contact listed below and contact your medical provider. In no event should you engage with any TNC employee or volunteer, or if you are already at a TNC location or event, you must stop work and go home. We thank you in advance for your transparency and cooperation to maintain a safe and healthy work environment.

Individuals should **NOT** send answers to each question but instead only send the overall answer of ‘self-certification no’ or ‘self-certification yes’ which is described in detail at the end of this questionnaire.

Privacy: Maintaining privacy of an individual’s health information is critical. TNC only collects enough information to make sure we provide everyone with a safe workplace during the COVID-19 pandemic. For this reason, you should not provide any information that is not specifically requested by this questionnaire. For detailed information about how TNC will use and handle your information from this daily questionnaire, you may request the full the TNC Daily Self-Certification Health Questionnaire Privacy Notice. Concerns about safety can be reported to your TNC contact and/or the TNC Office of Ethics & Compliance.

In the past 24 hours, have you experienced:

Fever (100.4 degrees F or higher):

- Yes
- No

Chills:

- Yes
- No

Repeated shaking with chills:

- Yes
- No

Fatigue:

- Yes
- No

Persistent Dry Cough:

- Yes
- No

Muscle or Body aches:

- Yes
- No

Sore throat:

- Yes
- No

Diarrhea, nausea or vomiting:

- Yes
- No

Headaches:

- Yes
- No

Shortness of breath or difficulty breathing:

- Yes
- No

Persistent pain or pressure in the chest:

- Yes
- No

New loss of taste or smell:

- Yes
- No

New confusion or not able to be woken:

- Yes
- No

Bluish lips or face:

- Yes
- No

Have you felt sick:

- Yes
- No

Within the last 14 days, have you been in close contact (within 6 feet) with anyone who has exhibited any of the listed symptoms of COVID-19 or who has felt sick? Yes No

Within the last 14 days have you had close contact (within 6 feet) with anyone who has tested positive for COVID-19? Yes No

Have you recently traveled internationally in any way that violates TNC's current travel restriction? If you are unsure, please contact Becky Brake at 703-472-6172 or Morgan Davison at 303-818-6675 first. Yes No

By emailing "SELF-CERTIFICATION NO" to the TNC contact below, I certify that I have not experienced any of the above symptoms or felt sick in the past 24 -48 hours, have answered NO to each question and do not pose a risk to the health or safety of myself or others in the TNC work environment to the best of my knowledge.

By emailing and texting "SELF-CERTIFICATION YES" to the TNC contact named below, I certify that I have responded YES to at least one of the above questions and understand that I am not permitted to attend. I agree to immediately contact my health care provider about the symptoms, to follow any medical instruction.

Name and information of TNC Contact:

Chuck Pearson, Volunteer Crew Lead at Ives Road Fen Preserve
E: ivesroadfen@gmail.com
P: 615-500-8229