

Saucon Valley Compost Center Volunteer Application

Personal Information:

Name _____
Street Address _____
City, State, Zip _____
Home Phone _____
Cell Phone _____
E-Mail Address _____

Availability:

Please note you must be able to complete a full shift from 10:00 a.m. to 2:00 p.m.

Friday (available dates) _____

Saturday (available dates) _____

Person to Notify in Case of Emergency:

Name _____
Street Address _____
City, State, Zip _____
Home Phone _____
Cell Phone _____

Agreement and Signature:

I waive, release, indemnify, and hold harmless, the Borough of Hellertown, Lower Saucon Township and the Saucon Valley Compost Center, its directors, officers, employees, agents and other volunteers from any and all claims, causes of action and damages for bodily injury or death that I may suffer as a result of, or in any manner connected with, my volunteer duties at the Saucon Valley Compost Center. I understand that this waiver and release precludes my right to recovery of damages in the event I am injured in the course of performing my volunteer duties. I understand that I must attend a training session and wear the safety equipment that has been provided for me. I also understand that I am donating my time and services without any compensation and shall, at no time, be considered an employee or independent contractor of the Borough of Hellertown, Lower Saucon Township or the Saucon Valley Compost Center. The undersigned enters into this agreement freely and voluntarily and agrees that it is binding on behalf of the undersigned and the undersigned's heirs and legal representatives.

Signature

Date

It is the policy of the Borough of Hellertown, Lower Saucon Township and the Saucon Valley Compost Center to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for your interest in volunteering with us.