WARREN COUNTY
DEPARTMENT OF LAND PRESERVATION
500 MT. PISGAH AVE.
P.O. Box 179
OXFORD, NEW JERSEY 07863

COREY J. TIERNEY
DIRECTOR

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VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Warren County's Department of Land Preservation. The following information will assist us in making the most appropriate volunteer placement.

PLEASE PRINT

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Group (If Applicable): _____

Emergency Contact: _____ Phone Number: _____

Have you ever been employed or volunteered here before? Yes ☐ No ☐

If yes, please explain: _____

If related to anyone employed by the County of Warren, please state name and department:

Name: _____ Department: _____

If a reasonable accommodation is necessary, please describe what steps would be needed:

_____

_____

Where did you learn about our volunteer opportunities? _____

_____

Areas of Interest

Please indicate your area(s) of interest:

☐ Park Clean-Up ☐ Trails Maintenance ☐ Landscaping ☐ Museums
☐ Invasive Plant Removal ☐ Special Events ☐ Other (list): _____

List any special training or skills: _____

_____

Availability

Date available to begin working as volunteer: _____ Or date of Special Event: _____

Please indicate below, the days and times you are available for work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Notes:

Please provide two personal or professional references:

Name: _____ Phone: _____ Years known: _____

Name: _____ Phone: _____ Years known: _____

I HEREBY AGREE that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the Warren County Volunteer Program. Furthermore, I understand that I am free to resign my position as volunteer at any time and the County reserves the right to terminate my volunteer position at any time. I understand that no representative of the County has the authority to make any assurance to the contrary.

I HEARBY AUTHORIZE the release of the information listed herein concerning me to County of Warren and absolve the County from liability for use of same. I HEREBY DECLARE the information provided by me to be true, correct and complete. In addition, I authorize the County of Warren to obtain background information concerning my driving and personal record and release the County of Warren from any liability regarding the use of this information. I do this willingly, knowingly and as a voluntary act.

Signature of Applicant _____ Date _____

***A Release and Waiver of Liability Form must also be submitted with this application.**

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Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

PLEASE READ CAREFULLY; THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20_____, by _____(print name) (the "Volunteer") in favor of the County of Warren, a body politic and corporate of the State of New Jersey, its directors, officers, employees and agents (collectively "Warren County"). I, the aforementioned Volunteer, desire to work as a volunteer for Warren County and engage in activities related to being a volunteer (the "Activities").

Waiver of Liability: In consideration of being permitted to participate in the Activities in any way, I, for myself, my heirs, personal representative or assigns, do hereby waive liability, release and forever discharge Warren County, its officers, agents, trustees, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with the Activities. I also understand that Warren County does not assume any responsibility for obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Assumption of Risk: Participation in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand that the Activities include work that may be hazardous to my safety, including, but not limited to, construction, maintenance of trails and facilities, equipment malfunction or failure, loading and unloading materials, hiking, and transportation to and from the work sites. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activities. I specifically understand and acknowledge that the Activities will occur in areas open to the public for hunting purposes. I understand that hunting is an inherently dangerous activity and that accidents involving firearms, ammunition, hunters, unauthorized careless individuals, or other dangers may cause me injury or death. I hereby state that I expressly assume any and all such dangers, risks and hazards.

Insurance: I understand that, except as otherwise agreed to by Warren County in writing, Warren County does not carry or maintain health, medical, or disability insurance coverage for me or any other volunteer. I am expected and encouraged to obtain my own medical or health insurance coverage.

Indemnification and Hold Harmless: I further agree to indemnify, defend, and hold harmless Warren County, its officers, agents, trustees, or employees from any and all liabilities, damages, claims, lawsuits, attorneys' fees, and actions of any kind for any damage or injury arising out of my participation in the Activities, including any damage, loss or injury caused by any act or omission on the part of Warren County.

Severability: I also agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, and fully understand its terms. I certify that I am over 18 years of age and suffering under no known legal disabilities; I acknowledge that I have had the opportunity to consult an attorney and that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I hereby hold harmless and release and forever discharge Warren County, its officers, and employees from all claims, demands and causes of action which I, my heirs, representatives, executors, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Volunteer: _____ _____ _____
Name Signature Date

Address: _____

Phone: _____ **Email:** _____

Emergency Contact: _____ **Phone:** _____

Witness: _____ _____ _____
Name Signature Date

Please return this form with original signature to the Warren County Department of Land Preservation at the address listed above before participating in any activity.

Last Revised: June 7, 2022