

Volunteer Registration

BCT Office Use Only:				
	Scanned/Server			
	Master Contact			
	Constant Contact			
	Volunteer Email			
	Work Crew Email			

Contact Information:					
Name:	Date of Birth:				
Local Address:					
Mailing Address (if different):					
Phone:	Email:				
Preferred Method of Communication: Phone	Email				
I am a: Full-time resident of Brewster	Part-time resident of Brewster				
Volunteer Interests – Please check all areas of volunteering you are interested in:					
□ Land Stewardship□ Work Crew Member□ Chainsaw Crew Member□ Boundary Crew□ Land Monitor	Garden Support Office Volunteer Fundraising Team Event Support Communications/Newsletter				
Volunteer Skills Checklist:					
Carpentry Chainsaw Brushcutter/Mower GPS (Global Positioning System) GIS (Geographic Information System) Flora and Fauna Identification Habitat Management	Fundraising Event Planning Education/Teaching Photography Clerical skills Finance/Accounting Writing/Editing				
Please list any additional skills or trainings you have:					

Volunteer Availability – Pleas	e check all applicable availa	bilities that fits into your schedule:		
Morning (Monday-Friday)	Weekends	☐ More than Once a Week		
Afternoon (Monday-Friday)	Once a Week	One Day Only Events		
Evening (Monday-Friday)				
Emergency Contact:				
Relationship: Phone Number:				
Are you interested in receiving opportunity updates?	ng the BCT e-newsletter with	n news, events, and volunteer		
T-Shirt Size: Small	☐ Medium ☐ Large	X-Large XX-Large		
	Please Read Before Sig	gning		
involved with the BREWSTER CO assume those risks. I certify that advised by a physician to refrair requisite skill set to competently Volunteer Activity that I am per Volunteer Activity and notify BO managers. I acknowledge that, it	ONSERVATION TRUST (BCT) event I am physically fit for the Volunt from engaging in such Volunt y and safely perform the Volunt forming is beyond my skill set, at through its trustees, officers neither BCT, its trustees, office	ther risks involved in performing activities ents and volunteer activities. I freely unteer Activities sought and have not been eer Activities. I confirm that I have the nteer Activities. If at any time I feel that the I will immediately cease performing the s, agents, employees or volunteer project ers, agents, or employees nor any affiliated by duty to ensure any volunteer activities		
I verify that the above informati	ion is accurate, and that I freel	y volunteer my time through BCT.		
BCT, its trustees, officers, agent or damages in any way related t indemnify and hold harmless BC organization or individual agains	s or employees or any affiliate to my participation in any Volu CT, its trustees, officers, agents st any claims, loss, damages or be brought for injuries or dama	successors or assigns may have against d organization or individual for any injuries inteer Activity. Further, I agree to and employees and any affiliated costs from any claims, demands or ages arising out of or in any way related to		
Signature		Date		
Optional: I give permission for t the purposes of program promo		I TRUST to use my name and/or image for		
Signature		 Date		