



# Madrona Marsh Nature Center and Preserve Advanced Restoration Crew (ARC) Application

**PLEASE PRINT CLEARLY IN DARK INK!**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last name) (First Name) (Middle Initial)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

CA Driver License #: \_\_\_\_\_ Expires: \_\_\_\_\_

Are you under 18 years of age? ☐ Yes ☐ No

(Under 18, parental consent is required; 18 or older, must complete a background check.)

Education: 9 10 11 12 College: 1 2 3 4 5 6+ Degree: \_\_\_\_\_

## References

Please list two references below (*no relatives*), including phone number:

|    | <u>Name</u> | <u>Relationship:</u> | <u>No. of years<br/>acquainted:</u> | <u>Phone #</u> |
|----|-------------|----------------------|-------------------------------------|----------------|
| 1. | _____       | _____                | _____                               | _____          |
| 2. | _____       | _____                | _____                               | _____          |

## Emergency Contact

Individuals to contact in case of an emergency: (*minors are required to sign medical releases*)

|    | <u>Name</u> | <u>Relationship:</u> | <u>Phone:</u> |
|----|-------------|----------------------|---------------|
| 1. | _____       | _____                | _____         |
| 2. | _____       | _____                | _____         |

## Please answer the following questions

*How many hours of restoration volunteering have you completed at the Madrona Marsh in the last 6 months?*

*Can you commit to two volunteer Saturday's a month for at least one year?*



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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last name) (First Name) (Middle Initial)

**Please answer the following questions (attach additional sheets if needed)**

*Will you be enrolled in a public or private high school, charter school, or college for the next year or longer?  
(Please give the name of institution and program you are enrolled in.)*

***Do you have any experience working outdoors using hand or power tools?  
If yes, please describe the work you performed or assisted with:***

***Have you been involved with any organizations or clubs that promote environmental awareness?  
If yes, please describe:***

***Please list any work experience you have outside of your normal school related activities or curriculum. Give name of company or organization, job title, time period worked, and a brief description of duties.  
(Example: Froggy Vegan Diner, June 2022-August 2022, Dishwasher and host.)***



## **Madrona Marsh Nature Center and Preserve Advanced Restoration Crew (ARC) Application**

### **WAIVER AND RELEASE OF LIABILITY**

I, the undersigned, certify that I am in good physical condition and wish to participate in restoration work at the Madrona Marsh Preserve under the Advanced Restoration Crew Program. I hereby acknowledge that I have voluntarily applied to participate in Habitat Restoration through the City of Torrance under the Advanced Restoration Crew Program.

I am aware that serious accidents occasionally occur during the day's activities; and that participants occasionally sustain serious personal injury or death and/or property damage, as a consequence thereof. I understand that included among the dangerous elements of clean-up day activities are risks associated with the weather, discarded items (e.g., broken glass, nails, metal cans, syringes, etc.), weeding, removing tree debris, painting, the use of tools, insects, wildlife, and of injury as a result of being struck by another participant or his/her equipment. I understand that the marsh, paths, sidewalks, and streets cannot be guaranteed to be smooth or free from defects, and that there is a risk of injury as a result of tripping, falling, or striking an unknown object. I understand that in addition to the above-mentioned risks, there are unpredictable dangers involved in clean-up day activities. If, however, I observe any unusual and/or significant hazard I will bring such to the attention of the nearest official immediately and remove myself from participation if necessary.

In consideration of my participation in the days' activities, I voluntarily release the City of Torrance, its respective officers, agents, employees, members, and volunteers from any and all liability for injuries or death or property damage resulting from or in any way connected with my participation in the clean-up day activities, that this waiver and release is applicable even though the negligent activities of the City of Torrance, its respective officers, agents, employees, members, or volunteers may have caused or contributed to the injury or death or property damage, and this document is binding on my heirs and dependents as well as myself. Additionally, this Waiver and Release will apply to any injury, death, and/or property damage caused or allegedly caused by a dangerous condition of public property. I freely and voluntarily expressly assume all the risks of participating in these restoration activities.

I represent that to the best of my knowledge that I have no medical, physical, and/or emotional health condition which would hinder or prevent my participation in the clean-up day activities. I also certify that I am physically fit, have sufficiently trained for participation in restoration day activities and have not been advised otherwise by a qualified medical person. In the case of sickness, accident, or injury, the City of Torrance, its respective officers, agents, employees, members, or volunteers have my express permission to secure, at my expense, such medical attention as is deemed necessary in the sole discretion of the City of Torrance, its respective officers, agents, employees, members, or volunteers.

I understand that during restoration activities, I may be photographed. I agree to allow photo, video, or film likeness of me to be used for any legitimate purpose by the City of Torrance, its respective officers, agents, employees, members, volunteers, officials, producers, sponsors, organizers, and/or assigns.

Additionally I authorize members of the City of Torrance's staff to provide field treatment of minor injuries, including but not limited to bites, scrapes, and stings. Such treatment may include application of allergy medications, sprays, or topical treatments. Lastly, I agree to accept and abide by the rules and regulations of the Safety Captain, Area Captains, City of Torrance employees, and the City of Torrance.

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER AND RELEASE OF LIABILITY BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.**

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Signature of Participant

**IF PARTICIPANT IS UNDER 18, THE PARENT(S) OR GUARDIAN(S) MUST SIGN. THE ABOVE PARTICIPANT HAS MY PERMISSION TO PARTICIPATE IN THE RESTORATION ACTIVITIES. I HAVE READ AND AGREE TO THE PROVISIONS STATED ABOVE. I KNOW OF NO HEALTH LIMITATIONS WHICH MAY RESTRICT THIS VOLUNTEER'S PARTICIPATION IN THIS ACTIVITY.**

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian