



## Environmental Traveling Companions Volunteer Agreement

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The purpose of this agreement is to provide ETC volunteers with a common standard and to ensure safety and consistency in the delivery of our programs. It also serves to promote an environment that serves our mission and encourages the professionalism, growth, and skills of ETC volunteers.

### Safety

The success and the safety of ETC programs depend on the safe conduct of all volunteers at all times.

- As an ETC volunteer guide, I have completed the appropriate program training or a comparable training at the approval of the Program Manager. I also understand I must complete ETC's Inclusion Training.
- I have read, understand and will abide by all safety policies, procedures, and accident reporting guidelines outlined in the Program Manuals.
- I will provide and maintain a current and complete ETC Health Form and Liability Waiver on file for each program in which I volunteer.
- **I will maintain a minimum of current CPR and Basic First Aid certification and provide ETC copies of both sides of my certification cards.**

*Please Initial:* \_\_\_\_\_

### Commitment

ETC programs exist through the efforts and commitments of its volunteers. Each new program guide will volunteer for a minimum number of trips as follows:

Program	First Year	Second Year
Sea Kayak	8 days	6 days
River	8 days	6 days and a 2 day refresher training
Winter	4 days	4 days

*Please Initial:* \_\_\_\_\_

### Professionalism and Codes of Conduct

The success and the safety of ETC programs depend on the professional conduct of all volunteers at all times.

- I will demonstrate mutual respect for all other volunteers, participants and the public during all ETC trips and events.
- I will attend all programs with promptness. All absences must be arranged with the appropriate Program Manager in advance (except for emergency situations or sudden illness).
- I will not engage in harassment or discrimination based on race, gender, religion, creed, ethnicity, medical condition, physical or mental disability, age, or sexual orientation.
- I will not possess, deal or use any controlled substances or firearms while participating in an ETC activity.

*Please Initial:* \_\_\_\_\_

### Medical Insurance

ETC does not provide Workers Compensation and or health insurance for any volunteer or intern. ETC recommends that all volunteers and interns maintain their own medical and dental insurance.

- I understand that ETC does not provide Workers Compensation and or health insurance for volunteers and interns.
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*Please Initial:* \_\_\_\_\_

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Please Initial: \_\_\_\_\_

**Liability**

ETC maintains a liability policy intended to provide indemnification and legal assistance should you be named in a liability suit against ETC as a result of actions performed within the scope and capacity of designated volunteer duties.

- I understand that ETC’s liability policy coverage may be provided only when volunteers have current certifications on file as outlined in this Volunteer Agreement.
- I understand that any accidents, incidents and injuries, to myself or to others, while volunteering must be reported immediately as described in the Program Manual.

Please Initial: \_\_\_\_\_

**Vehicle Liability**

- I understand that when I drive my own vehicle to, from or during an ETC event that I assume all liability for my vehicle and passengers. I understand that ETC does not have insurance to cover my personal vehicle or any passengers within. I understand that my personal vehicle insurance must be comprehensive enough to cover any situation that may occur.
- I will not drive an ETC vehicle unless I have watched the Safe Driving Video, signed the Driver Agreement Form, signed the DMV Authorization for Release of Driver Record and been approved my supervisor.

Please Initial: \_\_\_\_\_

**Acknowledgement**

- I have received and have read a copy of this Volunteer Agreement and an ETC Program Manual.
- I understand that my signature below indicates that I have read and understand this agreement and agree to all terms and conditions of the agreement.
- I understand a signed copy of this agreement will be kept on file.

Please Initial: \_\_\_\_\_

**Please check the category(s) for which you are an ETC volunteer and year of ETC training (programs only):**

<input type="checkbox"/> Office Support	<input type="checkbox"/> Sea Kayak Program: _____
<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Winter Program: _____
<input type="checkbox"/> Special Committee Member	<input type="checkbox"/> River Program: _____
<input type="checkbox"/> Special Event Support	<input type="checkbox"/> Youth Leadership School: _____
<input type="checkbox"/> Other: _____	

\_\_\_\_\_  
Print Volunteer Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date