



State of Connecticut
 Department of Energy and Environmental Protection
 Boating Division
 P.O. Box 280, 333 Ferry Road
 Old Lyme, CT 06371-0280

Date Received Stamp

Volunteer Application

If you or your group would like to volunteer its services or time with the Connecticut Department of Energy and Environmental Protection, Boating Division, you must complete and submit this entire application to the address indicated at the end of this form. **PLEASE NOTE:** Each volunteer needs to execute his or her own Part II: Release and Waiver of Liability before he or she can participate as a volunteer.

Part I: Volunteer Information

1. Applicant: Provide information on the individual or group coordinator (if group):

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

E-mail: _____ Cell Phone: _____

2. *If any volunteer is younger than 18 years of age, provide the following for each youth:
 (*Youth 18 and under need to be supervised by a responsible adult at all times during the activity)

Check here if additional sheets are necessary. Please label and attach them to this sheet.

Age of Applicant: _____

Information on supervising adult:

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

E-mail: _____ Cell Phone: _____

3. If a group, please provide the following:

Name of the group, business, agency, etc.: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Business Phone: _____ ext. _____

List the names of the participants over 18 years of age or older: _____

Part I: Volunteer Information (continued)

4. Emergency Contact for individual or group:

Relationship:

Emergency Contact Phone:

5. Please describe the type of activity in which you are interested (vessel safety checks, clean-ups, etc.):

6. When do you intend to conduct this activity?

Dates:

Time:

Rain Date:

Time:

7. Locations Preferred (in order of preference):

8. Is there liability insurance in place under the group organization's name? Yes No

If yes, does this include: Officer's Only All Members

If yes, provide the renewal date of the policy:

If yes, explain the nature of the coverage (i.e., Does it cover injuries sustained by members of your group? Does it cover personal injury to non-members? Does it cover property damage?)

9. Describe experience (professional certifications, community service, training or special licenses) that may assist in your volunteer work (if any certificates or other licenses have expiration dates, indicate the dates):

10. Are you or someone in your group fluent in a language other than English? Yes No

If yes, which one(s)?

Check here if additional sheets are necessary. Please label and attach them to this sheet.

Part II: Release and Waiver of Liability

PLEASE READ CAREFULLY: Each volunteer needs to execute his or her own waiver before he or she can participate as a volunteer. Reproduce this sheet for each volunteer to complete this part. **The applicant and all individuals who will be participating as volunteers must each sign this part. (Minors, youth less than 18 years of age, need to have parents/guardians sign this part.)**

In consideration of being permitted to participate as a volunteer for the Connecticut Department of Energy and Environmental Protection, the undersigned provides the following:

_____, (“Volunteer”), intends to volunteer with the Connecticut Department of Energy and Environmental Protection (“DEEP”). Volunteer agrees to abide by all rules policies, directives of DEEP and its employees and agents, and to abide by all applicable laws in the course of his or her volunteer work with DEEP.

Release and Waiver. The Volunteer, on this _____ day of _____, 20____, executes this Release and Waiver of Liability (“Release”) in favor of the DEEP and its employees and agents:

Volunteer hereby agrees to release and forever discharge and hold harmless the DEEP and its employees and agents from any and all liability or claim for any injury, illness, death or property damage that may result from Volunteer’s activities in the course of his or her volunteer work with the DEEP. Volunteer also agrees to release and forever discharge DEEP from any and all liability or claim for any injury, illness, death or property damage that may result from any first aid, treatment or service rendered in connection with the Volunteer’s activities with DEEP.

Volunteer understands that this Release discharges DEEP and its employees and agents of any liability or claim that the Volunteer and/or his or her heirs, executors, personal representatives assigns and estates may have against DEEP with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer’s volunteer work with the DEEP, including injury, illness, death or property damage that may occur as the result of negligence by the DEEP or its employees or agents. Volunteer also understands that DEEP does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury, illness, death or property damage.

Nothing in this Release shall be interpreted as waiving liability for injury, illness, death or property damage that may result from intentional acts of omissions by the employees or agents of the DEEP.

Volunteer Signature

Date

IMPORTANT: In the event that the Volunteer is less than 18 years of age, this form must be co-signed by a parent or legal guardian.

Printed Name of Volunteer and location of activity

Signature of Parent/Legal Guardian, if applicable

Date

Printed Name of Parent/Legal Guardian, if applicable

Relationship to Volunteer/Minor

Check here if additional signatures are required. If so, please reproduce this sheet and attached signed copies to this sheet.

Part III: Certification

PLEASE READ CAREFULLY: Each group needs to complete this Certification before they can participate. Each volunteer needs to complete this Certification if not otherwise part of a group.

"On behalf of ,	
<i>(Individual or Group Name)</i>	
I certify that: (1) the information on this application is correct; (2) I/we understand that the first month of volunteer work for the DEEP will be considered a trial period for myself and/or the subject group, as well as the DEEP; and (3) I, and/or the members of such group, that act as volunteers for DEEP will review and abide by oral and written policies, directives and laws that are provided to us."	
_____	_____
<i>Signature of Individual Volunteer or Group Coordinator</i>	<i>Date</i>

<i>Printed Name of Individual Volunteer or Group Coordinator</i>	

*To volunteer for the **Boating Division**, please submit this completed form to:

BOATING DIVISION, NAVIGATION & BOATING INFRASTRUCTURE UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
P.O. BOX 280, 333 FERRY ROAD
OLD LYME, CT 06371-0280

The Connecticut Department of Energy and Environmental Protection is an Affirmative Action/Equal Opportunity Employer that is committed to complying with the requirements of the Americans with Disabilities Act (ADA). Please contact us at (860) 418-5910 or deep.accommodations@ct.gov if you: have a disability and need a communication aid or service; have limited proficiency in English and may need information in another language; or if you wish to file an ADA or Title VI discrimination complaint.