



**BOTANICAL
CENTER**

Roger Williams Park

**Roger Williams Park Botanical Center
Volunteer Agreement**

For value received, and upon signing and submitting this Volunteer Acknowledgment and Waiver, I confirm that I wish to participate in the Roger Williams Park Botanical Center (RWPBC) Volunteer Program as a volunteer and contribute to the mission of the RWPBC to establish a multi-purpose space for experiencing our plant collection, evoking memories, and inspiring a connection and better understanding of the natural world. I confirm and acknowledge that my services are voluntarily offered and are rendered as a RWPBC non-compensated volunteer to assist with the general activities and programs associated with the RWPBC. I agree to abide by the RWPBC policies and procedures, as well as all state, federal, and local laws. I also understand that since my services to the RWPBC are voluntary, either the RWPBC or I may terminate them at any time, with or without cause. I understand that the term of this agreement is applicable during a one year period.

Risk Acknowledgement: ___ I understand that my volunteer participation and any travel associated with it, could involve risk of bodily injury, property damage, or death and I accept and fully understand these risks. I acknowledge that it is the responsibility of each volunteer to participate only in those activities of which he/she is physically capable, and understand that I may decline to do any activity at any time, including travel.

Insurance: ___ I understand that my services and participation are rendered as a volunteer in a non-employee capacity, therefore employee benefits, such as health insurance cannot be offered and workers compensation is not applicable. I acknowledge that any accident insurance coverage that the RWPBC may carry applicable to volunteers would be secondary and excess to all other applicable insurance policies, including, but not limited to any health care and auto insurance coverage I may have. I acknowledge that I am responsible for obtaining and sustaining my own health and auto insurance coverage.

Emergency Medical Treatment: ___ Should I become injured or ill during my volunteer activities, I hereby grant the RWPBC full authority to obtain emergency medical services for me at their discretion, or if I am unable to; and I accept responsibility for any related costs thereof, and release the RWPBC and their related staff, representatives or host organizations from liability for such decisions.

Liability Waiver and Indemnification: ___ Furthermore, in consideration of the opportunity afforded me, with full knowledge and appreciation of the risks involved, I hereby agree to indemnify, release and hold harmless; RWPBC, Roger Williams Park, the Providence Park System or the City of Providence, their employees, representatives, agents and host organizations from all form and manner of risks inherent or relating to such activities and I waive all claims and demands of any nature arising from my volunteer participation and related travel. I agree and understand that this liability waiver and indemnification will extend beyond the dates of this agreement.

I hereby acknowledge that I have had the opportunity to review this form and have it reviewed by legal counsel if necessary. I understand the foregoing and hereby agree to be bound by the same.

Printed Volunteer Name: _____

Signature of Volunteer: _____ **Date:** _____



CITY OF PROVIDENCE

Jorge O. Elorza, Mayor

CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

PLEASE PRINT

First Name **Last Name**

Botanical Center Fairy Garden Volunteer

Position and Department

Address **City/State/Zip.**

Telephone **Social Security #**

Date of Birth..... **Driver's License #**.....

I understand that as part of my application, the employer may conduct a background check. In the event a B.C.I. report is reviewed, no information prohibited by statute will be considered by this employer.

I agree to the same.

Your Signature _____ **Date** _____

NOREC	DLC
YESRECNOWK	CDL
YESRECAPPT	CDLPREMPLTST
HR REP	CDLTRN
DEPTNTFD	BBPTRN
ORN	BBPVCN
DOH	

HUMAN RESOURCES