



WTA Volunteer and Intern Application

Complete as directed and return to:
The Wilderness Technology Alliance, 206 SW 112th St. Seattle, WA 98146

All the questions are important and become a legal contract between the WTA and the volunteer. The answers are needed to assess your level of participation in the program. The information disclosed is important for you to understand. Please answer every question in every section and return the form as soon as possible, in order to allow time for any needed follow-up.

APPLICANT	
Name _____	Daytime Phone # (_____) _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Evening Phone # (_____) _____
Age _____ DOB ____/____/____ SS# _____	FAX # (_____) _____
Address _____ Apt. _____	email Address _____
City/State/Zip _____	Do you speak/understand English? Yes <input type="checkbox"/> No <input type="checkbox"/>

PARENT/GUARDIAN (If under 18 years of age)	EMERGENCY CONTACT (other than parent/guardian)
Home Phone # (_____) _____	Relationship _____
Work Phone # (_____) _____	Daytime Phone # (_____) _____
FAX # (_____) _____	Evening Phone # (_____) _____
email Address _____	Cell Phone # (_____) _____

Skills you have to offer _____

Describe previous volunteer experience _____

Past and Present work experience _____

Educationbackground _____

When are you available to volunteer?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

What dates are you available _____

What commitment can you make to the volunteer program _____

Are you willing to drive your own vehicle on WTA business? ___ (Y/N) and/or a rented vehicle on WTA business? ___ (Y/N)

If yes to either, you MUST have active auto insurance or you CANNOT drive, as your insurance covers all liability & collision damage.

Name of Auto Insurance Company: _____ Liability Limits: _____

How did you learn about this volunteer program? _____

Please provide two references (not related) that we could contact

Name _____	Title _____	Phone _____	e-mail _____
Name _____	Title _____	Phone _____	e-mail _____

The undersigned: Acknowledges that the above information is correct, understands that the WTA does not provide them medical insurance nor Labor and Industry "Workers Compensation Insurance", grants the WTA permission to use their likeness in promotional materials and press releases, and relinquishes licensing and ownership rights to the WTA for any materials and products created while acting as a volunteer for the WTA. The undersigned holds the WTA, its employees, volunteers, board of directors and partners, harmless for any liability resulting from accidents or injury, including injury while operating a vehicle on behalf of the WTA or while as a passenger of such vehicle. The undersigned agrees not to transport passenger(s) who have not signed and submitted this form and been approved in writing by the WTA, and if they do, agrees to indemnify the WTA, its employees, volunteers, board of directors and partners, from any liability that may result from the passenger(s). Any clause of this agreement that is deemed not legal by a court of law shall nullify that clause only and not the entire agreement.

Signature of volunteer _____ If under 18, parent/guardian signature _____ Date _____