

Volunteer Application

Applicant Information						
Full Name:				Date:		
	Last	First				
Address:						
	Street Address				Apartment/Unit #	
	City			State	ZIP Code	
Cell Phone:			Email			
Date(s) Available:						
Name of ind you would lil scheduled w	ke to be					
Keeper at (Cheboygan Lighthouse 🛛		Ke	eeper at St. Helena	Island Light 🛛	
Maintenand	ce Project at Cheboygan 🗌		Orga	inize a Fundraiser o	or Excursion 🗌	
Lighthouse	e Cruise Narrator					
Special Skill (Preferred mai	s:					
Medical Con	ditions or Food Allergies:					
		Refer	ences			
Please list t	wo professional references.	Koror	011000			
Full Name:				Relationship):	
Company:				Phone	e:	
Email:						
Full Name:				Relationship	D:	
Company:					2	
Email:						

Company:		Phone:				
Job Title:						
Responsibili	lies:					
From:	То:					
Company:		Phone:				
Job Title:						
Responsibilities:						
From:	То:					
	Emergency Contac	t Information				
Please list two emergency contacts:						
Full Name:		Relationship:				
		Phone:				
Full Name:		Relationship:				
		Phone:				

Disclaimer and Signature

I recognize and accept that there is a significant element of risk involved in programs associated with lighthouses, the outdoors and the Great Lakes. I understand the risks and dangers involved in programs sponsored by the Great Lakes Lighthouse Keepers Association (GLLKA), and I hereby certify to GLLKA that I and/or any dependents, including minor children, are fully capable of participating in these activities.

For good and valuable consideration, including the participation by the undersigned, and/or dependents of the undersigned in a GLLKA program and/or activity, the receipt and sufficiency of such consideration being hereby acknowledged, the undersigned, for him/herself, and any dependents of the undersigned do hereby fully and forever release and discharge GLLKA, a 501(c)3 not for profit corporation, and its programs, and any and all officers, directors, agents and employees and volunteers thereof, from any and all claims or causes of action, and/or legal liability of any kind, nature or description, arising or resulting from participation by the undersigned or dependent of the undersigned in a program offered by GLLKA.

In connection with and as part of such release, the undersigned hereby agrees to indemnify and hold the GLLKA, a 501(c)3 not for profit corporation and its programs, and any and all officers, directors, agents and employees thereof, harmless from and against any and all loss, liability or expense, including attorneys' fees, which they or any of them may incur as a result of personal injury, death, or property damage suffered by the undersigned and/or a dependent of the undersigned resulting from participation by the undersigned and/or a dependent of the undersigned by GLLKA.

The terms of this acknowledgment, release and indemnification are contractual and not a mere recital, and contain the entire agreement between the parties. The undersigned has read this agreement and fully understands the contents hereof, and enters into this agreement knowingly and voluntarily on his/her behalf and on behalf of any dependents of the undersigned listed below.

Further, I give my permission for the Great Lakes Lighthouse Keepers Association to use any digital and emulsion-based photographs, video and audio recordings made of me for promotional purposes.

Signature:	Date:						
Printed Name:							
Guardian Signature:							

All programs, services, and activities are performed without regard to race, color, religion, national origin, age, sex or handicap.