

# PECONIC LAND TRUST



## Volunteer Agreement and Release Form

### Policies Agreement

I have read and agree to abide by the organizational policies established by the Peconic Land Trust, as outlined in the Volunteer Handbook. I have completed the required training and have been made aware of the assigned duties. I also agree that any and all information shared with me or that I may obtain about landowners, donors, employees and fellow volunteers of the Peconic Land Trust is confidential and shall not be divulged by me. I will not copy, transcribe, record, or memorize confidential information in any manner, nor disclose or use such information for any purpose other than for the limited purpose of providing the assigned volunteer services to Peconic Land Trust. It is my understanding that volunteer status may be revoked if these policies are violated. I also acknowledge that my role is as a volunteer, and as such, I will receive no financial reimbursement for services rendered.

### Release Form

I, \_\_\_\_\_, desire to perform services as a volunteer and engage in the activities related to being a volunteer for the Peconic Land Trust with the understanding that the performance of such activities may involve potential risks. I expressly assume the risk of injury or harm from my activities as a volunteer. I understand that I am free to refuse participation in or to refuse to continue with any activities if I feel my personal safety is in jeopardy. I agree to promptly notify Peconic Land Trust staff of any hazardous situation I encounter.

I hereby release, forever discharge, and agree to hold harmless Peconic Land Trust, its officers, directors, agents, and employees of and from any and all

liability, claims, and/or demands, of whatever nature, that arise, or may hereafter arise, from or in connection with my performance of volunteer services for Peconic Land Trust. I understand that this release discharges Peconic Land Trust from any liability or claim that I may have against Peconic Land Trust including, but not limited to, liability for any injury, illness, death, or property damage that may result from my volunteer services.

I further understand that Peconic Land Trust does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to, medical, health, or disability benefits or insurance of any nature, or Worker's Compensation, in the event of injury, illness, death, or property damage.

#### Photo Release

I give permission for photographs, images, video or audio recordings of me or my likeness or voice while volunteering to be duplicated and used by Peconic Land Trust for educational and/or promotional purposes.

#### COVID-19 and Communicable Diseases Agreement

I hereby acknowledge that Peconic Land Trust is doing everything it can to protect the public and its employees as well as volunteers, including myself, from the risk of illness and to reduce the spread of Coronavirus Disease 2019 ("COVID-19") and other communicable diseases. To this extent, I agree to follow all Center of Disease Control ("CDC"), state, and local guidelines, and Peconic Land Trust's health and safety policies and requirements.

I hereby attest that I will cancel my plans to volunteer with Peconic Land Trust, as soon as possible, if within fourteen (14) days of my scheduled volunteer opportunity:

- I am diagnosed with COVID-19;
- I am aware or believe I have been exposed to a person with a confirmed or suspected case of COVID-19;
- I am experiencing, or have experienced, any symptoms of illness associated with COVID-19 or other communicable diseases, including fever, cough, shortness of breath, difficulty breathing, muscle or body aches, and/or new loss of taste or smell;

- I have traveled internationally or to an area within the United States which is subject to the New York State Travel Advisory, and I have not satisfied all of the criteria to “test out” of the mandatory quarantine requirements.

If I develop any symptoms of COVID-19, or another illness, while volunteering, I agree that I will immediately stop working, notify Peconic Land Trust that I am experiencing symptoms of COVID-19, and leave the premises. Additionally, if I develop any symptoms of COVID-19 or am diagnosed with COVID-19 within fourteen (14) days after I have volunteered, I will notify Peconic Land Trust as soon as possible.

---

Signature

---

Date

---

Print Name