

Mountains to Sea Conservation Trust
MOU Agreement for Volunteers
Short-term Agreement between the MTSC and

Insert date of contract term here

This is an agreement between:

Mountains to Sea Conservation Trust
– Trustee – Samara Nicholas (Host)

Address:
Phone:
Email:

And:

(Volunteer)

Address:
Phone:
Email:

This agreement enables _____ to volunteer for the Mountains to Sea Conservation Trust under the supervision of a Trustee (_____) or consultant to the Trust (_____).

Date of Birth: _____ **Passport/DL No** _____

Fitness: Low Medium High

Skills / Experience (*Please check those you can apply to volunteer opportunity*)

Administrative

- Organisation management
- Computing
- Data recording
- Report writing
- Other: _____

Promotional/Education

- Advertising
- Press writing
- Brochure production
- Photography
- Website management
- Other : _____

Field Experience

- Snorkel/dive guiding
- Teaching in the field
 - marine
 - freshwater
- Other:
 - Developing education resources

Licenses / Certificates:

- Car
- Dive/snorkel qualifications
- First Aid
- Boat Masters
- Day skippers
- Other Relevant _____
- Teaching
- Marine/freshwater biology degree

Medical Condition: Do you have any medical condition you think we should know about, or that might affect the type of project you could do? (e.g. asthma, allergies, disabilities, etc).
This information is confidential.

<i>Task and anticipated hours</i>	<i>Anticipated hours</i>	<i>Location</i>	<i>Supervisor</i>	<i>Date</i>

Liability Statement

-----(enter name) accepts that any medical costs associated with accidents are to be classified as nonwork related and will be paid for by the ACC or other means and under no circumstances by the (Mountains to Sea Conservation Trust). (The Mountains to Sea Conservation Trust) does not accept any responsibility whatsoever for any personal accident or loss/damage to personal items or equipment for volunteers whilst they are engaged in the project.

Criminal Convictions: List any criminal convictions (This information is confidential). By signing this form below you agree to police vetting **if** requested.

Signed: Date:

Name:

Signed: (Trustee) Date:

Name