

## VOLUNTEER PROGRAM DESCRIPTION

*MPA Watch* is a network of programs that support healthy oceans through community science.

*MPA Watch* trains volunteers to observe and collect data on human uses of coastal and marine resources both inside and outside of marine protected areas (MPAs). Volunteers use standardized protocols to collect relevant, scientifically rigorous, and broadly accessible data.

*Marin MPA Watch* is a partnership of EAC, Point Reyes National Seashore, and California Academy of Science that trains volunteers to observe and collect unbiased data on coastal and marine resource use in and near California MPAs.

*Marin MPA Watch* data is used to inform the management, enforcement, and science of California's MPAs and allow us to see how human uses are changing as a result of MPA implementation.

*Marin MPA Watch* focuses their efforts at Agate County Beach, Corte Madera Marsh, Drakes Beach, Drakes Estero, Limantour Beach, Point Resistance, and the Point Reyes Headlands. Not only do local volunteers learn about their coastal environment and become community scientists and stewards of the area, but they generate quantities of monitoring data that would not be possible under the current state budget.

### Volunteer Job Requirements:

- Conduct 1-2 surveys per month for a period of at least three months.
- Surveys are only observational. No public interaction necessary or required.
- Great volunteer opportunity for individuals, friends or families with children 10 and older.

### Requirements

- Must be 18 year of age or older, or accompanied by a guardian.
- Ability to attend an Marin MPA Watch training at each MPA site they are interested in helping to survey.
- Love walking on the beach and being outside.
- Physically able to walk two-five miles on the beach.
- Able to complete 1-2 surveys per month over the course of three months, and mail surveys for data entry.
- (Optional) Use iNaturalist App to record what you see on the beach, take pictures and share them for our media team, collect beach trash and make art to create awareness!

### Benefits

- Healthy recreation that gets you outside exercising your mind and muscles!
- Collection of long-term community science data for our MPAs.
- Invitation to the annual Point Reyes National Seashore volunteer appreciation event at Point Reyes typically held the third Friday in July across from the Bear Valley Visitor Center.
- Invitations to EAC special events.
- Subscription to the EAC's online newsletter

# **VOLUNTEER PARTICIPANT LIABILITY WAIVER AND PHOTO RELEASE**

## **PARTICIPANT AGREEMENT AND RELEASE OF LIABILITY**

In consideration of the services of the Environmental Action Committee of West Marin, and the cosponsors of *MPA Watch*, their participants, partners, employees, volunteers, contractors, Board of Directors, and all other persons or entities acting in any capacity of their behalf (hereinafter collectively referred to as "EAC"), I hereby agree, as a volunteer participant Marin MPA Watch Volunteer Team, which the EAC manages, to release, indemnify, and discharge EAC as follows:

1. I acknowledge my participation in volunteer events organized produced by EAC, as part of the MPA Watch program, potentially entails known and unanticipated risks from being outdoors in a wild environment, and walking on public beaches, trails or in other federal, state, or county parks that could result in varying degrees of physical injury and/or damage to myself, to property, or to third parties.
2. I expressly agree and promise to accept and assume all of the risks existing in these events and acknowledge that my participation in these activities is purely voluntary, and I elect to participate in spite of the known potential risks.
3. I, wishing to volunteer my time and services for EAC, hereby acknowledge that EAC is doing everything they can to protect the public as well as myself as a volunteer. To this extent, I agree to follow Center of Disease Control (CDC) and local health district guidelines and EAC policies and procedures for social distancing to reduce the spread of Novel Coronavirus, or COVID-19. This may require me to maintain six (6) feet of distance between myself, fellow volunteers, and patrons of the organization as much as possible, and/or to utilize facial covering to reduce the risk of exposure to myself and others, as my be required by local health district guidelines.
4. I understand there is no direct medical health coverage afforded to me during my relationship with EAC and EAC is not responsible for any potential exposure to Novel Coronavirus, or COVID-19, which is not a direct result of negligence on the part of their employees, volunteers, or the organization.
5. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless EAC from any and all claims, demands, or causes of action, which are in any way connected with my participation in these events.

## **PERMISSIONS TO USE PHOTOGRAPHS**

1. I grant to EAC, their representatives, and employees the right to take photographs of me and my property in connection with MPA Watch. I authorize EAC, their assigns, and transferees to publish the same photographs in print and/or electronic format.
2. I agree that EAC may use such photographs of me with or without my name and for any lawful purpose, including for such purposes as publicity, fundraising, and online content to highlight EAC's work and support of youth engagement in biodiversity protection and outdoor nature education.

By signing below, I acknowledge that if anyone is hurt or property is damaged during my participation in the Marin MPA Watch Program, I may be found by a court of law to have waived my right to maintain a lawsuit against EAC on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Full Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**I am 18 years or older: YES OR NO (If no, a parent/guardian must sign)**

**PARENT / GUARDIAN INDEMNIFICATION:**

In consideration of (print minor's name) \_\_\_\_\_ ("Minor") being permitted by EAC to participate in its activities, I further agree to indemnify and hold harmless EAC from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**ADDITIONAL INFORMATION**

Please provide us with additional information for your volunteer file and schedule

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

How Did You Hear About Our Program?

\_\_\_\_\_  
\_\_\_\_\_

Survey Planning: *Please provide the best days over the next three-to-four months when you could complete a training. Information will be used to cross check volunteer schedules and can be updated.*

<b>January</b>		<b>February</b>		<b>March</b>	
<b>April</b>		<b>May</b>		<b>June</b>	
<b>July</b>		<b>August</b>		<b>September</b>	

<b>October</b>		<b>November</b>		<b>December</b>	
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