

Nā Mamo o Kāwā

P.O. Box 45, Pāhala, HI 96777 • Ph. (808) 430-3058 • nmok.org

Volunteer Service Agreement PLEASE READ CAREFULLY

Nā Mamo o Kāwā (NMOK) is dedicated to rehabilitate, curate and steward the natural and cultural resources of Kāwā in order to honor the past, provide for the present, and preserve for the future. NMOK recognizes the importance of volunteers in the success of these efforts. We want to ensure a safe and positive work environment for the volunteers and in doing so, it is important that each individual understand NMOK's policies and expectations for volunteer service.

Volunteer Benefits

1. You will be afforded a chance to work alongside resource officers.
2. You will gain hands-on experience that will help you better understand Hawai'i's natural and cultural resource needs and challenges.
3. You will have an opportunity to learn about a place that plays an important role in the history and culture of Ka'ū.

NMOK agrees to:

- Offer a volunteer orientation and on-the-job training including safety briefings and proper use of equipment.
- Assign a NMOK supervisor to the volunteer group for guidance and consultation.
- Regularly evaluate volunteer performance.

As a NMOK volunteer I agree to:

- Abide by the rules and policies of NMOK, and all applicable Federal, State, and County laws.
- Abide by all dress codes and supply/gear requirements, as applicable.
- Perform service work as needed at my assigned placement site.
- Report to the designated meeting location(s) on time, if applicable.
- Refrain from possessing or consuming alcohol or illicit drugs.
- Provide timely notification of inability to participate in the volunteer program.
- Keep survey/monitoring sheets or activity logs where requested.
- Return all administrative paperwork by required deadlines.
- Treat all volunteers, NMOK employees, contract personnel, and others with whom we work, with respect.
- Act safely and responsibly and not abuse the position of NMOK volunteer.

I have read and fully understand the expectations and responsibilities of this agreement to serve as a NMOK volunteer as stated above. I also understand that the failure to abide by this agreement may result in my or my child's dismissal or removal from the project location at my expense.

YES NO I hereby grant NMOK my permission to photograph or videotape my or my child's participation as a volunteer and to use those images in any education or outreach activity (*i.e.*, brochures, videos, displays, social media postings, etc.)

NAME (please print)	Group Name (if applicable)

SIGNATURE

DATE

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SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

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Release of Liability PLEASE READ CAREFULLY

Nā Mamo o Kāwā (NMOK) has agreed to allow me, or my child (to hereinafter include ward), to participate in volunteer efforts to steward Kāwā. I agree and acknowledge that my or my child's SAFETY IS at risk and that I accept full RESPONSIBILITY. I further acknowledge that my child or I have been instructed to follow all safety instructions both written and verbal. I fully understand, and by my signature acknowledge that:

(1) I understand that the nearest MEDICAL FACILITY to Kāwā is in Pāhala, which is approximately ten miles away. In the event of a serious or life-threatening injury, I understand that paramedics will be contacted to transport me or my child to the nearest emergency care facility, at my own expense. I further understand that relatively remote location of Kāwā could slow rescue operations which COULD CAUSE INJURY OR DEATH to me or my child.

(2) I understand that the roads and trails on Kāwā are extremely rough and rugged; that the transporting vehicles used may be old and/or have exposed metal surfaces. I understand that riding in these vehicles COULD CAUSE INJURY OR DEATH or property damage to me or my child, and if the vehicle breaks down, my child or I, may be required to walk a significant distance for support.

(3) I understand that the pathways in Kāwā have rough and uneven surfaces, and do not include typical safety features. I understand that the use of these facilities COULD CAUSE INJURY OR DEATH or property damage to me or my child.

(4) I understand that recreational swimming may take place at the beach areas in the Kāwā; that certified life guards may not be present; and that swimming is at the swimmer's risk. I further understand the risks presented by the currents, surf, and shoreline conditions; and that sharks or other natural dangers may be present. I understand that these swimming activities COULD CAUSE INJURY OR DEATH to me or my child.

I voluntarily ASSUME THE RISK OF INJURY OR LOSS, for myself or my child and for myself or my child's property created by any conditions indicated in paragraphs (1) through (4) above or any unforeseeable conditions. With full knowledge of the hazards, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS NMOK and their officers, agents, and employees, for death or injury to me or my child or for damage to my or my child's property resulting from the hazardous conditions previously listed, or any unforeseeable conditions.

In consideration of the access which I have requested, I, for myself, my heirs, beneficiaries, executors, and administrators; and for my child's heirs, beneficiaries, executors, and administrators, REMISE, RELEASE, AND FOREVER DISCHARGE NMOK, and its officers, agents and employees, acting in their official capacity with due diligence, from any and all claim(s), demand(s), or cause(s) of action on account of my or my child's injury or death or on account of any damage to my or my child's property which may occur from my or my child's negligence, the hazardous conditions previously listed, or any unforeseeable conditions, during the access to the Kāwā or incident thereto.

I have read and fully understand the NMOK Release of Liability

SIGNATURE	PRINT NAME	DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN	PRINT NAME OF PARENT/LEGAL GUARDIAN	DATE

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Emergency Information Form

TODAY'S DATE

Form expires every 12 months

FIRST NAME

LAST NAME

NICKNAME

<input type="text"/>	<input type="text"/>	<input type="text"/>
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MAILING ADDRESS

CITY

STATE

ZIP CODE

EMAIL

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PRIMARY TELEPHONE

SECONDARY TELEPHONE

<input type="text"/>	<input type="text"/>
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AGE (REQUIRED)

BIRTHDATE (MM/DD/YYYY)

GENDER

<input type="text"/>	<input type="text"/>	<input type="text"/>
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PLEASE LIST ANY MEDICAL, PHYSICAL, OR MENTAL LIMITATIONS (INCLUDING PHYSICAL RESTRICTIONS, MEDICAL CONDITIONS, ALLERGIES, AND ANY PRESCRIPTION MEDICATIONS YOU ARE CURRENTLY TAKING)

DIETARY/FOOD RESTRICTIONS/REQUESTS

<input type="checkbox"/> VEGETARIAN	<input type="checkbox"/> VEGAN	<input type="checkbox"/> FOOD ALLERGY	PLEASE SPECIFY FOOD ALLERGY:	<input type="text"/>
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<input type="checkbox"/> OTHER DIETARY RESTRICTION OR REQUESTS	PLEASE SPECIFY OTHER DIETARY RESTRICTIONS OR REQUESTS:	<input type="text"/>
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EMERGENCY CONTACT NAME

RELATIONSHIP

PHONE NUMBER

ALTERNATE PHONE NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I AM TRAINED IN:

<input type="checkbox"/> WATER RESCUE	<input type="checkbox"/> CPR	<input type="checkbox"/> FIRST AID	OTHER:	<input type="text"/>
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MEDICAL AUTHORIZATION:

I hereby authorize the NMOK personnel to render medical care to me in the event of an emergency. I further give my consent for the physicians on the active staff of the nearest (or the most appropriate) hospital to perform any emergency life-saving care. This authorization shall be in effect as long as I am an actively participating NMOK volunteer on a NMOK approved access. Additionally, I understand that I am fully responsible for all medical costs that might be incurred.

SIGNATURE

DATE

<input type="text"/>	<input type="text"/>
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UNDER 18 YEARS OF AGE ONLY

PARENT OR LEGAL GUARDIAN NAME

PLEASE READ THE FOLLOWING STATEMENTS VERY CAREFULLY AND SELECT FROM THE OPTIONS BY PLACING A CHECK MARK IN THE CORRESPONDING BOX:

- My minor child will have no prescription medication with him/her and will not receive any prescription medication without a physician's order while he/she is at Kāwā.
- My child will bring prescription medication to Kāwā, and he/she will advise authorized NMOK personnel and his/her chaperone of the nature and reason(s) for the medication.
- My child's chaperone may administer non-prescription medications, or their equivalents, according to package instructions to my minor child if he/she complains of the symptoms for which the medication is intended.
- I expect to be contacted before my child's chaperone administers any, including non-prescription, over-the-counter, medications to my child.

MEDICAL AUTHORIZATION:

I hereby authorize NMOK personnel to render medical care to my child in the event of an emergency. I further give consent for the physicians on the active staff of the nearest (or the most appropriate) hospital to perform any emergency life-saving care. This authorization shall be in effect as long as my child is an actively participating NMOK volunteer on an NMOK approved project. Additionally, I understand that I am fully responsible for all medical costs that may be incurred by my child.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

<input type="text"/>	<input type="text"/>
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ABILITY TO READ AND WRITE IN ENGLISH

I am able to effectively and clearly communicate, read, and write in the English language and do not request the services of an English Language Translator.

- YES
- NO

DEMOGRAPHICAL INFORMATION (OPTIONAL)

SELF-IDENTIFICATION OF NATIVE HAWAIIAN ANCESTRY (OPTIONAL):

I am Native Hawaiian (Defined as a member or descendant of the indigenous Polynesian people who lived in the Hawaiian Islands prior to 1778)

- YES
- NO