



S.S. CITY OF MILWAUKEE

NATIONAL HISTORIC LANDMARK

Address

99 Arthur Street (US-31 N)
Manistee, MI 49660

Telephone

231-723-3587 voice
231-723-3589 fax

Internet

www.carferry.com
info@carferry.com

Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (primary): _____ Phone (secondary): _____

Email: _____ Date of Birth: _____

Occupation: _____

What general area(s) might you be interesting in serving?

- | | | |
|---|---|---|
| <input type="checkbox"/> Painting | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Tour guide | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Board/Committees |
| <input type="checkbox"/> Educational programs | <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Gift Shop |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Boxcar restoration | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Marlinespike |

Please feel free to include additional information on what skills and talents you have:

Which months of the year can you volunteer? _____

How many hours per month can you volunteer? _____

What days and times are you available? _____

Please list any physical or mental limitations which might affect your ability in certain areas of work:

Have you ever been convicted of a felony or crime? (please describe):

Who should we contact in the event of an emergency?

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (primary): _____ Phone (secondary): _____

Physician name: _____ Phone: _____

Preferred hospital: _____

References: Please provide the names, email addresses, and telephone numbers of at least two persons familiar with your abilities, knowledge, or work experience.

Name: _____ Organization: _____

Phone: : _____ Email: _____

Name: _____ Organization: _____

Phone: : _____ Email: _____

Name: _____ Organization: _____

Phone: : _____ Email: _____

Today's date: _____ Signature: _____

Thank you for offering your time and talents, as the old sailors say,
"Any job can be done when enough hands pull together on a line"

S.S. CITY OF MILWAUKEE - NATIONAL HISTORIC LANDMARK

- Release and Waiver of Liability -

This Release and Waiver of Liability is executed this _____ day of _____, _____, by _____ in favor of the S.S. City of Milwaukee - National Historic Landmark, Inc. and its directors, officers, employees and agents. I _____ hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. Waivers and Release. I hereby release and forever discharge and hold harmless the S.S. City of Milwaukee and its successors and assigns from any and all liability claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my participation with and/or any project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with the S.S. City of Milwaukee.

I understand and acknowledge that this Release discharges the S.S. City of Milwaukee from any liability or claim that I may have against the S.S. City of Milwaukee with respect to any bodily or other injury, illness, death or property damage that may result from my participation. I also understand that the S.S. City of Milwaukee does not assume any responsibility or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death or property damage.

2. Insurance. I understand that the S.S. City of Milwaukee may elect to provide group accident or other liability insurance for the benefit of its volunteers. The policy language will govern any coverage so provided. Except to the extent that it may provide such insurance, the S.S. City of Milwaukee does not carry or maintain any health, medical, disability, damage or other liability insurance coverage for the benefit of its volunteers, and expressly disclaims any responsibility or obligation to do so. AS A VOLUNTEER, I AM EXPECTED AND ENCOURAGED BY THE S.S. CITY OF MILWAUKEE TO MAINTAIN MEDICAL, HEALTH AND ALL OTHER APPLICABLE INSURANCE COVERAGE FOR MY OWN BENEFIT.

3. Medical Treatment. Except as otherwise agreed to by the S.S. City of Milwaukee in writing, I hereby release and forever discharge the S.S. City of Milwaukee from any and all liability claims, demands and causes of action whatsoever that may arise on account of any first aid or other medical treatment rendered during my participation with any project, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with the S.S. City of Milwaukee.

4. Assumption of Risk. I understand that my participation with the S.S. City of Milwaukee and/or any project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with the S.S. City of Milwaukee may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release the S.S. City of Milwaukee from all liability for injury, illness, death and/or property damage that may result.

5. Photographic Release. I do hereby grant and convey unto the S.S. City of Milwaukee all rights, titles, and interest in and to any and all photographic images and video or audio recordings made by or on behalf of the S.S. City of Milwaukee or made with its consent, during my participation with any project, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with the S.S. City of Milwaukee, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with federal, state, county and city laws. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release. By signing below, I acknowledge that I have read and understand this Release and agree to its provisions.

Signature of participant

Date

Signature of Parent or Guardian if participant is not of legal age

Date