



Rites of Passage NW  
142 E. Strong Rd  
Shelton WA, 98584  
(360) 927-6404 (Office)  
(360) 296-3040 (Field)  
(650) 456-3040 Fax  
Email: [ritesofpassage4nw@gmail.com](mailto:ritesofpassage4nw@gmail.com)  
[www.ritesofpassagewildernesstherapy.com](http://www.ritesofpassagewildernesstherapy.com)

## Volunteer Forms

**Important: Each volunteer must read and sign the Waiver of Liability form before volunteering with Rites of Passage.**

### **Waiver of Liability**

This Waiver of Liability (the “waiver”) executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (the “Volunteer”) releases Rites Of Passage (ROP), and each of its directors, officers, interns, and employees.

I, as the volunteer desire to provide volunteer services for ROP and engage in activities related to serving as a volunteer.

I understand that as a volunteer with ROP, I will expect no compensation in return for the services that I provide, and that ROP will not provide any benefits traditionally associated with employment.

I understand that as a volunteer with ROP, I am responsible for my own insurance coverage in the event of a personal injury or illness as a result of being a volunteer for ROP.

1. **Waiver and Release:** I, the volunteer, release and forever discharge and hold harmless Rites of Passage, its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide at ROP. I understand and acknowledge that this Release discharges ROP from any liability or claim that I may have against ROP with respect to bodily injury, personal injury, illness, death, or property damage that my result from the services I provide to ROP or occurring while I am providing volunteer services at ROP.

2. **Insurance:** I, the volunteer, understand that I expressly waive any such claim for compensation or liability on the part of Rites of Passage beyond what may be offered freely by the representative of ROP in the event of such injury or medical expenses.
3. **Assumption of the Risk:** I, the volunteer, understand that working with the variety of domestic and wild animals that are on the ranch at ROP may put me at physical risk from: bites, scratches, physical injury and any diseases that these animals might carry. I expressly assume the risk of injury or harm should any occur and waive any such claim for compensation or liability from all injury, illness, death, or property damage resulting from being a volunteer for ROP.
4. **Medical Treatment:** I, the volunteer, hereby release and forever discharge ROP from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services endured in connection with an emergency during my time with ROP.
5. **Photographic Release:** I, the volunteer, grant and convey to ROP all rights, titles, and interests in using any and all of the following for social media purposes: photographs, images, videos, audio recordings of me, audio recordings of my likeness, audio recordings of my voice.
6. **Other:** As a volunteer, I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Washington State and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

**By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.**

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Volunteer's Signature

Date

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Volunteer's Printed Name

# Confidentiality Oath



As an employee/intern/volunteer/member of Rites of Passage NW, I understand that I may have access to confidential information regarding program participants, and program content. I understand that the fact of admission and all information and records compiled, obtained or maintained in the course of providing or improving service to program recipients shall be confidential.

<p>I, _____, <b>agree not to divulge,</b>  <b>publish,</b>                  (Name of person making the agreement. Please print name)</p> <p>or otherwise make known to unauthorized persons<sup>1</sup> the information obtained by my participation in Rites of Passage NW.</p>	APPLICANT INITIALS
<p>I understand that all information given out or discovered about participants and their family's circumstances and /or the operations of Rites of Passage NW shall be held in confidence by me.</p>	APPLICANT INITIALS
<p>I recognize that unauthorized release of confidential information may subject me to civil liability under the provisions of state law. I further recognize that a request for or receipt of confidential information under pretense may subject me to criminal liability, which is punishable as a gross misdemeanor.</p>	APPLICANT INITIALS
<p>I shall act in a professional manner in the performance of my duties as an employee/intern/volunteer/member of Rites of Passage NW.</p>	APPLICANT INITIALS

<b>Name of Person Taking Oath</b>	<b>Date</b>	<b>Signature of Person Taking Oath</b>
<b>Name of Witness (please print)</b>	<b>Date</b>	<b>Signature of Witness</b>

<sup>1</sup>An individual who cannot produce a valid signed copy of the Rites of Passage NW Confidentiality Oath.

# General Information

Please print clearly

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Mailing address \_\_\_\_\_

Street address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any experience working with any kind of wild or domestic animals, any farm/ranch work, or any wilderness relating training/experience? If yes, please briefly explain. \_\_\_\_\_

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Are you a U.S. citizen? [ ] Yes [ ] No

Have you ever been charged with a sex crime or offence against a minor?

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Have you ever been convicted of a felony? [ ] Yes [ ] No

If yes, please describe circumstances:

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Are you First Aid and/or CPR certified? [ ] Yes [ ] No

There are a variety of ways to help at Rites of Passage. Select those that interest you.

\_\_\_ Alpaca Care

\_\_\_ Gardening

\_\_\_ Helping maintain the maintenance of the farm/ranch

\_\_\_ Helping with patchwork of gear

\_\_\_ Oyster Farm care/maintenance

\_\_\_ Logistical Support (*Some examples:* preparing gear, food, and other supplies, permit help)

\_\_\_ Other passions/desires, please specify \_\_\_\_\_

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## Availability Information

Please shade or check the boxes that indicate an estimated availability for your volunteer hours.

Day/Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00am							
10:00							
11:00							
12:00pm							
1:00							
2:00							
3:00							
4:00							
5:00							

Anything else we may need to know regarding your availability? If yes please

specify \_\_\_\_\_

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