



# Field Institute of TAOS

P.O. Box 486 Arroyo Seco, New Mexico 87514 575-770-2391 www.fitaos.org  
A nonprofit 501(c)3 organization providing active, hands-on, nature-based outdoor education & promoting healthy lifestyles since 1996.  
CELEBRATING OVER 20 YEARS WILD!

## VOLUNTEER APPLICATION

Name: _____		
Last	First	Middle or Maiden
Address: _____		
Street & Number	City	Zip
DOB ___/___/___	Phone #'s: _____/_____/_____	
	Home	Work      Cell
E-mail: _____		
Emergency Contact: _____		Phone #: _____
Place of Employment: _____		How long there _____
Supervisor _____		Phone _____

**Please list any other names you have used (i.e. maiden name, previous marriage)**

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*I understand that a background check is required for my volunteerism and hereby give permission for Field Institute of Taos to obtain this information. I understand that any information found will be kept confidential.*

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Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_

**References**

Please list the name, e-mail and mailing addresses of three (3) people who know you well and have known you for at least one (1) year. If employed you may list your immediate supervisor as one of your references. Relatives are not acceptable as a reference.

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**#1 Name:** \_\_\_\_\_

How long known \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street & number

City State Zip

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Office Other

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**#2 Name:** \_\_\_\_\_

How long known \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street & number

City State Zip

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Office Other

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**#3 Name:** \_\_\_\_\_

How long known \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street & number

City State Zip

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Office Other

**Please tell us about your motivation to volunteer with Field Institute of Taos:**

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<u><b>Volunteer Interests with FIT</b></u>	<u><b>Skills You Bring to FIT</b></u>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Cycling programs</li> <li><input type="checkbox"/> Mountain Camp programs</li> <li><input type="checkbox"/> FIT Neighborhood programs</li> <li><input type="checkbox"/> Board Member</li> <li><input type="checkbox"/> Community Programs</li> <li><input type="checkbox"/> Office support</li> <li><input type="checkbox"/> Fundraising</li> <li><input type="checkbox"/> Bike maintenance and care</li> <li><input type="checkbox"/> Projects</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Bicycle Mechanics</li> <li><input type="checkbox"/> Natural/Human History</li> <li><input type="checkbox"/> Business Management</li> <li><input type="checkbox"/> Computer Technology</li> <li><input type="checkbox"/> Cycling Skills (Road/MTB/BMX)</li> <li><input type="checkbox"/> Experiential Education</li> <li><input type="checkbox"/> Organizational Development</li> <li><input type="checkbox"/> Volunteer Management</li> <li><input type="checkbox"/> Grant Writing</li> <li><input type="checkbox"/> Relationship Building/Fundraising</li> <li><input type="checkbox"/> Special Events Management</li> <li><input type="checkbox"/> Website Management</li> <li><input type="checkbox"/> Marketing &amp; Branding</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Other: _____</li> </ul>

<u><b>Availability</b></u>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Special Events</li> <li><input type="checkbox"/> Daily</li> <li><input type="checkbox"/> Weekly</li> <li><input type="checkbox"/> Monthly</li> <li><input type="checkbox"/> Seasonal _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Monday</li> <li><input type="checkbox"/> Tuesday</li> <li><input type="checkbox"/> Wednesday</li> <li><input type="checkbox"/> Thursday</li> <li><input type="checkbox"/> Friday</li> <li><input type="checkbox"/> Saturday</li> <li><input type="checkbox"/> Sunday</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Morning _____</li> <li><input type="checkbox"/> Afternoon _____</li> <li><input type="checkbox"/> Evening _____</li> </ul>

FIELD INSTITUTE OF TAOS

COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND PHOTO RELEASE

In exchange for and in consideration of the Field Institute of Taos making its programs (hereinafter referred to as "Programs") available to me and my Child, and Taos Ski Valley, Inc. making its facilities available, and recognizing that we may decline these services and choose not to participate in the programs, THE UNDERSIGNED, FOR MY CHILD, MYSELF, AND ANY OTHER PARENT/GUARDIAN OF MY CHILD HEREBY REPRESENTS TO AND CONTRACTS AND AGREES WITH FIELD INSTITUTE OF TAOS as follows: I am a parent and/or guardian of the minor child identified below (herein referred to as "my Child"), I have authority to enter into this release and indemnity contract on behalf of my Child, on my own behalf and on behalf of any other parent or guardian of my Child, and I do so FREELY, FULLY, AND WITHOUT RESERVATION. For myself and my Child, I agree and understand that outdoor activities including hiking, camping, bicycling, and riding chair lifts, contain INHERENT RISKS and may be HAZARDOUS ACTIVITIES and may result in injury or death to my child during his/her participation in the programs. Trail conditions and weather vary constantly. Further, I understand and agree that Taos Ski Valley, Inc. DOES NOT PROVIDE, promote, contribute to, subsidize, support, or sponsor TRANSPORTATION of any kind in connection with any Filed Institute of Taos programs, whether bus, van, automobile, or other vehicle. I ASSUME ALL RISKS in connection with my Child's participation in such activities (including all transportation), including, but not limited to, personal injury or death, and PROMISE NOT TO SUE AND COMPLETELY RELEASE the Field Institute of Taos, their representatives, agents, affiliates, officers, directors, servants, and employees (hereinafter collectively "FIT") and Taos Ski Valley, Inc., their representatives, agents, affiliates, officers, directors, servants, and employees (hereinafter collectively "TSV") FROM ALL LIABILITY for any injuries, death, or damages and from any claim by me, any other parent or guardian of my Child, my Child, anyone on behalf of my Child and by my Child's estate, heirs, and assigns arising in any way from my Child's participation in the Programs. I AUTHORIZE the FIT or TSV to call for medical care for my Child or to transport my Child to a clinic or hospital if, in the opinion of Field Institute of Taos, such medical attention is needed for my Child. I AGREE TO PAY all costs associated with medical care and transportation for my Child and indemnify and hold FIT and TSV harmless from any costs incurred therein, or any claims arising therefrom.

I CONTRACTUALLY AGREE that any and all disputes between FIT and/or TSV and me and any other parent/guardian of my Child relating to my child's participation in the Programs, and any and all claims for personal injury and/or death, will be GOVERNED BY THE LAWS OF THE STATE OF NEW MEXICO and the EXCLUSIVE JURISDICTION THEREOF will be in the state or federal courts of the STATE OF NEW MEXICO. I grant FIT, the ABSOLUTE RIGHT AND PERMISSION to use, sell, and publish photographs of my Child. I have carefully read the foregoing COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT and understand its contents, including the jurisdictional agreement. I ACKNOWLEDGE AND UNDERSTAND this is a COMPLETE RELEASE AND INDEMNITY AGREEMENT, that it includes any and all claims of my Child, me or any other parent/guardian of my Child for any reason, and is a LEGALLY BINDING CONTRACT. I AM AWARE THAT THIS LEGALLY BINDING CONTRACT WILL REMAIN IN FULL FORCE AND EFFECT FOR THE YEAR IN WHICH THE RELEASE WAS SIGNED AND THAT BY SIGNING IT I AM RELEASING RIGHTS OF MY CHILD, MYSELF, AND OTHERS.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_