

Mauna Kea Watershed Alliance: Volunteer Position Description

Project Name: Mauna Kea Watershed Alliance

Project Contact/Ph/Email: Cheyenne Perry/937-5170/chperry@hawaii.edu

Locations of Assignment/Physical conditions: Primarily at Humu'ula ahupua'a on Mauna Kea, Hawai'i: Kanakaleonui Bird Corridor is the restoration site. This is a high elevation site (between 5,500 and 8,000 feet elevation), terrain ranges from lava outcroppings to deep ash flows, and weather ranges from extreme heat in the summer to cool, foggy days in the winter.

List Volunteer Duties:

1. Collect seeds of native plants.
2. Control invasive plants by hand weeding and using weed whackers.
3. Plant seedlings and/or broadcast seeding.
4. Upkeep of the campsite.
5. Out-plant support equipment preparation such as putting together blue-x tree shelters.

List Desired Skills/Abilities:

1. Able to safely walk across rough, rocky terrain at 5,500 to 8,000 feet in elevation.
2. Interest in contributing to forest restoration.
3. Experience in out-planting seedlings.
4. Knowledge of Hawaiian flora and alien plants.

Materials/Equipment To Be Utilized On The Project (provided by Program): Dibble sticks, o'o bars, bags for collecting seed, weed whacker and/or planting auger, gloves, backpack sprayers for watering out-plants, and eye and ear protection are provided by the Program. For overnight volunteer trips at Kanakaleonui Bird Corridor, there is a small 12' x 12' cabin with water catchment. We provide tents, pop-up shelters with walls, camp stove, and coolers for overnight trips. There is one A-frame sleeping structure (micro-cabin) and one toilet on site. A recently acquired grant will fund additional micro-cabins and lodging facilities.

Materials/Equipment/Supplies (provided by volunteer): Rain/cold weather gear, hiking boots that come up above the ankle, sunscreen, hat, 4wd transportation (carpooling and/or external 4wd resources may be provided by MKWA), and the volunteer provides food and water. For overnight trips, volunteers will provide their own sleeping bag, sleeping pad, warm clothes, headlamp, and food and water.

Training/Orientation Needed:

1. A Safety briefing will be provided prior to every trip and at a minimum will include:
 - a. Route and emergency procedures
 - b. Expected weather and conditions
 - c. Cold and heat, other hazards
 - d. Buddy system monitoring for signs/symptoms of potential cold or heat injury
2. How to identify native plants and alien plants.
3. The steps necessary to ensure high survival of out-planted seedlings.
4. Safe use of weed whackers, augers, and out-plant equipment.

Schedule: Schedule is variable but most often during the planting seasons (March-May and September-early November). Day trips are possible but likely trips will be overnight for 2-3 days.

Supervised By: MKWA Coordinator and/or MKWA Field Crew Leader

Please sign and date:

I have read the volunteer project description and understand the scope of activities for this project which I am volunteering for:

Volunteer Name (print): _____

Volunteer Signature: _____ **Date:** _____

If under 18 years:

Parent or Guardian Name (print): _____

Parent or Guardian Signature: _____ **Date:** _____



**University of Hawaii at Manoa
Pacific Cooperative Studies Unit**

3190 Maile Way, St. John 410
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Ph: (808) 956-3932; Fax: (808) 956-4710
Web: <http://www.botany.hawaii.edu/faculty/duffy/PCSU.htm>

Single Activity Volunteer Application Form

Project Name: _____ Project Number: _____

Name: _____

Mailing Address: _____

Phone (home): _____ (work): _____ (cell): _____

Best time to call: _____ E-mail: _____

In case of emergency, who should we notify?

Name: _____ Relationship: _____

Phone (home): _____ (work): _____ (cell): _____

PLEASE READ CAREFULLY AND SIGN

I certify that the information provided on this Volunteer Application Form is true and accurate, and any misrepresentation provided on this form may result in my immediate termination as a volunteer. I have read the Volunteer Position Description. If selected, I will comply with all requirements specified by the project supervisor and acknowledge that the University may at its discretion terminate my participation in providing volunteer services at any time.

Signature of Applicant **Date**

Print Name/Signature of Parent/Guardian (if under 18 years) **Date**

To be completed by Project Supervisor or Volunteer Coordinator and PCSU

Project Service Group: _____ Date of Activity: _____

Volunteer Job Title: _____

Project Volunteer Supervisor: _____

PI or Authorized Rep: _____ Date: _____

Authorized by: _____ Date: _____

College of Natural Sciences



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(Last name, First name, MI)

(PCSU Program)

ASSUMPTION OF RISK AND RELEASE

I, the undersigned, certify that I am in good physical health and able to participate in all activities of the above named program.

I also understand and acknowledge that there are inherent dangers and risks involved with participation in the above named program with PCSU and the University of Hawai'i, that include, but are not limited to: **gusty winds; sharp and/or slippery objects; stinging or biting insects and spiders; portable or no bathroom facilities; steep drop-offs and landslides; rugged terrain; steep and slippery trail and river crossings; no potable water; flash floods; sharp tools; lack of immediate medical facilities; wild animals; harsh weather conditions (hot and humid to wet and cold); thorny plants and dense vegetation; lack of reliable communication; no telephones; work on or near water; wet and slippery roads; herbicides; work in hunting areas; disease caused by water, air or animal vectors.**

I understand that I should be covered during the volunteer periods for this program by a private medical and liability policy; and I further understand that the University of Hawaii does not provide such insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the above named program.

Therefore, in consideration of my being permitted to participate in the above named program, I hereby agree to assume all risks and responsibilities surrounding my participation in the above named program. I have read and understand any and all written materials setting forth the requirements for participation in the above referenced activities, and as well as those explained by the instructor(s), and I agree to strictly observe them. Further, I do for myself, my heirs, executors, and administrators hereby accept full responsibility for my participation and agree to indemnify, release, and discharge the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from any and all claims or actions for property damage, personal injury, an/or death arising from such participation in the above named program or growing out of or caused by any acts or omissions during my participation in above named program.

Signature of Participant

Date

Time

Print and Sign Name of Parent/Guardian (if under 18 years)

Date

MEDICAL CONSENT FORM

I, the undersigned, consent to and authorize any medical professional and others working under their supervision to treat me for any injury or illness arising from or related to my participation in the above named program.

I further agree to pay any and all medical expenses, costs and other charges and to release and discharge and hold harmless the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

IN CASE OF EMERGENCY:

First Person to Contact: _____ Phone: _____

Second Person to Contact: _____ Phone: _____

Physician to Contact: _____ Phone: _____

Allergies: _____ Medical Condition: _____

Medications: _____

Print and Sign Name of Participant

Date

Time

Print and Sign Name of Parent/Guardian (if under 18 years)

Date