



VOLUNTEER APPLICATION

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

What days/times are you generally available? _____

Do you belong to any other Bigfoot groups? _____ If "yes", list the group(s): _____

Have you ever been convicted of a felony? : _____ If "yes", please explain: _____

Are you interested in (Check all that apply): Field Expeditions Research and Documentation
 Equipment / Logistics Support Administrative or Educational Support Media / Writing / Web Support

Why are you interested in volunteering with the Center For Wilderness Cryptid Studies? _____

What does "scientific investigation" mean to you in the context of cryptid research? _____

What do you hope to gain from volunteering with us? _____

Describe your experience in wilderness or outdoor environments (hiking, camping, backpacking, etc): _____

Have you ever participated in multi-day field expeditions? _____ If "yes", please describe: _____

Are you comfortable hiking in rough terrain, at night, or in adverse weather conditions? _____

Do you have experience navigating using maps, GPS, or compasses? _____

Are you able to carry your own gear for extended periods? _____

Do you have any physical limitations that could affect field participation? _____

Are you comfortable working in remote areas with limited/no cell service or emergency access? _____

Do you have any allergies or medical conditions that expedition leaders should be aware of? _____

Are you willing to follow strict safety protocols and team instructions at all times? _____

Do you have any of these relevant skills? (Check all that apply) _____ Wildlife Tracking _____ Field Biology/Ecology

_____ Audio or Video Recording _____ Video Editing _____ Photography _____ Data Logging/Note-Taking

_____ GIS or Mapping _____ First Aid / Wilderness First Aid _____ Writing or Research Analysis

Do you own or have access to any relevant equipment? (e.g. cameras, audio recorders, GPS units, drone) _____

If "yes", please list the equipment: _____

Are you willing to follow the Center For Wilderness Cryptid Studies' codes of conduct, research ethics, and confidentiality guidelines? _____

Are you comfortable not sharing findings publicly unless authorized by the Organization? _____

Are you aware that cryptid research often involves long periods without notable events or discoveries? _____

Are you comfortable participating even when outcomes are uncertain or inconclusive? _____

Is there anything else you would like us to know about you that would help us determine a good fit? _____

If "yes", please elaborate: _____

VOLUNTEER ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

Clear Assumption of Risk - You should acknowledge that our activities involve inherent risks, such as:

- Hiking and travel in remote or underdeveloped areas
- Uneven terrain, falling hazards, weather extremes, and darkness
- Encounters with wildlife, insects, and plants
- Night operations, camping, and travel
- Physical exertion, fatigue, and limited access to medical care
- Use of research equipment (audio recorders, cameras, night vision and thermal cameras), tools, and vehicles

I voluntarily assume all risks, known and unknown, associated with these activities.

Release and Waiver of Liability - Participants agree not to hold the Center For Wilderness Cryptid Studies responsible for injuries or losses arising from participation including:

- Personal injury
- Illness
- Property damage or loss
- Death

To the fullest extent permitted by law, I hereby release, waive and discharge the Center For Wilderness Cryptid Studies, its directors, officers, team leaders, volunteers, and affiliates from any and all claims, demands, or causes of action arising out of my participation as a volunteer. This release includes claims arising from ordinary negligence, except where prohibited by law.

Medical Responsibility -

I certify that I am physically and mentally capable of participating in volunteer research activities. I understand that I am solely responsible for:

- *My own medical insurance*
- *Medical treatment and expenses*
- *Any medications or health accommodations I require*

I authorize emergency medical treatment if necessary and agree to be responsible for associated costs.

Safety Rules and Conduct -

I agree to:

- *Follow all safety guidelines and instructions from team leaders*
- *Comply with local, state, and federal laws*
- *Act responsibly and avoid reckless or dangerous behavior*

I understand that failure to follow safety rules may result in removal from activities.

No Guarantees or Claims -

*I understand that cryptid research is exploratory in nature. The Center For Wilderness Cryptid Studies makes **no guarantees** regarding discoveries, evidence, results, or scientific validation.*

Media and Documentation Release -

*I grant permission for photographs, videos, audio recordings, or written accounts that include my participation to be used for **research, educational, or promotional purposes**, without compensation.*

Indemnification -

*I agree to **indemnify and hold harmless** the Center For Wilderness Cryptid Studies from any claims or damages arising from my actions during volunteer activities.*

Governing Law and Severability -

This agreement shall be governed by the laws of North Carolina. If any provision is found unenforceable, the remaining provisions shall remain in full effect.

Volunteer Status -

*I acknowledge that I am participating as a **volunteer**, not as an employee or contractor. I understand that I will not receive wages, benefits, or compensation of any kind for my participation.*

Acknowledgment and Signature -

I confirm that:

- I am 18 years of age or older
- I have read and understand this agreement
- I am signing this agreement voluntarily

Volunteer Name (print): _____

Signature: _____

Date: _____

This completed and signed application can be emailed to:

info@cryptidstudies.org

or mailed to:

Center For Wilderness Cryptid Studies
2255 Old Murphy Road, Suite 105
Franklin, NC 28734