

VOLUNTEER APPLICATION



Name:

Email Address:

Phone Number:

Address:

City:

State:

Zip Code:

During which hours are you typically available to volunteer?

Weekday Mornings

Weekday Afternoons

Weekday Evenings

Weekend Mornings

Weekend Afternoons

Weekend Evenings

Interests:

Marketing/Promotions

Events

Business Development

Design

Fundraising

Office Help

Other

Special Skills or Qualifications:

Summarize your previous volunteer experience:

Emergency Contact Information

Name:

Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

Photo Release

I grant to Pickens Revitalization Association, its representatives and employees the right to take photographs of me and my property in connection with Pickens Revitalization Association activities and programs. I authorize Pickens Revitalization Association, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Pickens Revitalization Association may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, advertising, and web content. I have read and understand the above:

Name (print):

Date:

Signature:

Agreement and Signature

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (print):

Date:

Signature:

Volunteer Liability Release

In consideration of my desire to serve as a volunteer with Pickens Revitalization Association and the City of Pickens, I hereby assume all responsibility for any and all risk of property damage or bodily injury that may I may sustain while participating in any volunteer efforts and activities of any nature, including the use of equipment and facilities of Pickens Revitalization Association and the City of Pickens.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge Pickens Revitalization Association and the City of Pickens, its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of South Carolina, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Name (print):

Date:

Signature: