



VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any physical limitations that would limit your volunteering work.

\_\_\_\_\_  
\_\_\_\_\_

I am 18 years of age or older:  Yes  No

Parent or legal guardian (required if volunteer is under the age of 18):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would you like to receive email updates from Upstate Forever?

Yes  No  N/A (I already receive UF emails)

How did you hear about Upstate Forever and/or UF's volunteer opportunities?

\_\_\_\_\_  
\_\_\_\_\_

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM

This Release and Waiver of Liability (the “release”) executed on \_\_\_\_\_(date) by \_\_\_\_\_ (“Volunteer”). Volunteer desires to engage in activities related to serving as a volunteer (“Activities”), for **Upstate Forever**, a nonprofit corporation organized and existing under the laws of the **State of South Carolina** (“Nonprofit”).

Volunteer understands that the scope of Volunteer’s relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer: that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer.

1. **Waiver and Release:** Volunteer hereby for herself, her heirs, executors, administrators, assigns, or personal representatives, releases and forever discharges, indemnifies, and holds harmless Nonprofit and its successors and assigns, and each of its directors, officers, employees, and agents, for any and all claims for liability, damages, compensation, physical or psychological injury, and demands of whatever kind, including attorney’s fees and costs, either in law or equity, made by me or anyone else acting on my behalf, that Volunteer may suffer as a result of participation in the aforementioned Activities, including traveling to and from an event related to the Activities. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, or injury to or for loss of property.
2. **Insurance:** Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me. Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness, or property damage or loss, as a result of Volunteer’s services to Nonprofit.
3. **Medical Treatment:** I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical service rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.
4. **Assumption of Risk:** I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to field work involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.
5. **Photographic Release:** I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
6. **Drug-free, healthful, and safe workplace.** I understand that I may not use, possess, distribute, sell, or be under the influence of illegal drugs while engaging in the Activities. I agree to treat other volunteers, members, and the general public in a respectful and ethical manner, and use organization resources appropriately.
7. **Other:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the **State of South Carolina** and that this Release shall be governed by and interpreted in accordance with the laws of the **State of South Carolina**. I agree that in the event that any clause or provision of their Release is deemed invalid, the enforceability of the remaining provision of this Release shall not be effected.

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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Signature (Or parent/guardian if under 18)

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Date