



## Volunteer Application

Mr.  Ms.  Mrs.  New Application  Updated Application: \_\_\_\_\_  
mm/dd/yy

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

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

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

Home Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_  Cell: \_\_\_\_\_  
*Please check which one phone is your preferred method of contact*

E-mail address: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yy

Volunteering as part of business/church/school? If so, name of group: \_\_\_\_\_

Required program hours (honor society, PTI, etc.)?  Yes  No

Active military/veteran?  Yes  No

Place of employment: \_\_\_\_\_ Company matching program?  Yes  No

Church you attend, if any (for grant writing purposes): \_\_\_\_\_

In case of emergency, notify:

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Volunteer Position of Interest

Meal packaging  Food Pantry  Clothing closet  Front desk  Events  
 Senior Dining  Route Driver  Senior transport  Substitute driver

If interested in a driver position (Route, Senior, or Substitute), please provide the following:

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
mm/dd/yy

Name of Insurance Company: \_\_\_\_\_

*I acknowledge that I have received and understand volunteer information and instructions.* Initials: \_\_\_\_\_

*I understand that a background check may be required as a volunteer.* Initials: \_\_\_\_\_

*I have read and understand the Release and Waiver of Liability Form.* Initials: \_\_\_\_\_

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

## Release and Waiver of Liability

This Release and Waiver of Liability is executed on this \_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year) by \_\_\_\_\_ (the "Volunteer") in favor of Greer Community Ministries, Inc., of Greer, SC, a nonprofit corporation, its directors, officers, employees and agents (collectively, "Greer Community Ministries").

The Volunteer desires to work as a volunteer for Greer Community Ministries and engage in the activities related to being a volunteer. The Volunteer does hereby freely, voluntarily and without duress execute this Release of Waiver under the following terms:

1. **Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless Greer Community Ministries and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for Greer Community Ministries. Volunteer understands and acknowledges that this Release discharges Greer Community Ministries from any liability or claim that the Volunteer may have against Greer Community Ministries with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for Greer Community Ministries.
2. **Medical Treatment.** Except as otherwise agreed to by Greer Community Ministries in writing, Volunteer does hereby release and forever discharge Greer Community Ministries from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's work for Greer Community Ministries.
3. **Assumption of the Risk.** The Volunteer understands that the work for Greer Community Ministries may include a variety of activities including, but not limited to: working in the Greer Community Ministries' office; food preparation; moving and transporting of business supplies and/or food stocks incidental to the operation of the agency; and the delivery of meals whether using Volunteer's personal vehicle or a vehicle owned by Greer Community Ministries.
4. **A Volunteer authorized to use a motor vehicle owned by Greer Community Ministries** is insured under the applicable Greer Community Ministries motor vehicle liability insurance policy. In all other cases, however, the Volunteer understands that Greer Community Ministries does not carry or maintain health, accident, liability (including without limitation motor vehicle liability), property loss or damage (including without limitation motor vehicle collision damage), medical or disability insurance coverage for any Volunteer or the property of any Volunteer. Each Volunteer is expected to obtain his or her own automobile, medical or health insurance coverage.
5. **Photographic Release.** Volunteer does hereby grant and convey unto Greer Community Ministries all right, title and interest in any and all photographic images and video or audio recordings made by Greer Community Ministries during the Volunteer's work for Greer Community Ministries, including but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.
6. **Information Release.** Volunteer does hereby grant and convey unto Greer Community Ministries the right to provide name and contact information to other volunteers (when requested) to be used for the purposes of finding a substitute volunteer when needed.

7. **Other.** Volunteer expressly agrees 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. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

By signing my name below I hereby give Greer Community Ministries, Inc., permission to conduct a criminal record check.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Witness:

Volunteer Name (print)

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Phone

Alternative Phone

\_\_\_\_\_