

# Volunteer Application



**Please print clearly:**

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

Mr.  Mrs.  Miss  Ms. \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_  
Street Address City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**List days and times available to volunteer:**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_

**Please check which volunteer opportunities would interest you:**

Stock Shelves  Greet Teachers  Data Entry  Promote Supply Drives  
 Web site Design  Write Thank You Notes  Pick up Donations  Coordinate Volunteers  
 Other \_\_\_\_\_

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**Please sign waiver on back.**

*Educators' Express*  
**Rowan Partners for Education**  
204 E. Innes Street  
Salisbury, NC 28144  
www.EducateRowan.org 704-642-0700  
Fax: 704-639-1200

**Thank you for volunteering at *Educators' Express!***

**ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND HOLD HARMLESS AGREEMENT**

**THIS IS A LEGAL DOCUMENT. READ IT CAREFULLY BEFORE SIGNING.**

Educators' Express owes much of its success to our hard-working volunteers. Without their time and efforts, many classrooms and students in Rowan County would lack the basic tools for learning. In this way our volunteers are an invaluable resource. We also realize, however, that due to the inherent nature of volunteer work, there are some risks which will always exist.

In consideration for permitting me and/or my child to participate as a volunteer at Educators' Express, and for other valuable consideration, I acknowledge and agree, for myself and/or for my child and for my executors, heirs, and assigns that there are certain risks of physical injury as a result of my or my child's participation in volunteer activities at Educators' Express, and I agree to personally assume the full risk of any injuries, damages, or loss which I or my child may sustain as a result of participating in any or all activities connected to or associated with Educators' Express.

I understand that these risks, although very remote, may include but are not limited to, neck and back injuries which may result in complete or partial paralysis, injuries to my muscular or skeletal system, lacerations and cuts to my hand(s), finger(s), toe(s), arm(s), or leg(s), which may result in serious and permanent injury, and injury to other aspects of my general health and well-being.

I HEREBY WAIVE, RELEASE, AND FOREVER DISCHARGE EDUCATORS' EXPRESS, ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS FROM ALL LIABILITIES, LOSSES, DAMAGES OR COSTS OF ANY NATURE, which may arise in connection with my travel to or from or participation in the Volunteer Activities (including rescue Activities associated with the Volunteer Activities), whether caused by the negligence of Educators' Express, its officers, directors, employees or agents, or caused by some other means. Further, I hereby agree not to file suit against Educators' Express, its officers, directors, employees, or agents for claims arising from the travel to or from or participation in the Volunteer Activities.

I AGREE TO INDEMNIFY AND HOLD EDUCATORS' EXPRESS, ITS OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS HARMLESS FROM ALL LIABILITIES, LOSSES, DAMAGES OR COSTS OF ANY NATURE which may arise in connection with my travel to or from or participation in the Volunteer Activities (including rescue Activities associated with the Volunteer Activities), whether caused by the negligence of Educators' Express, its officers, directors, employees, or agents, or caused by some other means.

Photographic Release: I do hereby grant and convey unto Educators' Express all right, title, and interest in any and all photographic images and video or audio recordings made by Educators' Express during the Volunteer Activities with Educators' Express, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

I have carefully read this document, fully understand its contents, and sign it voluntarily. I state that I am at least 18 years old and am competent to sign this document. This document shall bind me, my heirs, agents, assigns, executors, administrators and personal representatives.

\_\_\_\_\_  
Signature (Guardian Signature, if under 18)

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date