



Columbia Association

Project: Columbia Cleans Day

Date:

Job Description Attached

## GROUP VOLUNTEER APPLICATION AND AGREEMENT

*Please Print/Type all information*

Project: Columbia Cleans Day Today's Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

Best way to contact you:  Daytime Phone  Evening Phone  E-mail

Personal Information:  I am 18 or older Date of Birth (month & date only – optional) \_\_\_\_\_

Alternative Contact Information ~ Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list any information that you consider pertinent to your group's interest in volunteering; including professional affiliations, skills, strengths, training and /or experience:

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**On the reverse side of this form, please list the names of all participants involved.**

**(OVER)**

I agree to perform the volunteer duties to which I am assigned to the best of my ability and in a professional manner.

I understand that as a volunteer, The Columbia Association assumes no liability for injury to myself or damage to my personal property.

On behalf of myself and/or my child, I understand that there are inherent dangers in any activity or program such as slips and falls. I/we hereby release and hold harmless The Columbia Association, its officials, agents and employees from liability or obligation arising from, or in connection with, my/my child's volunteer activities.

**I hereby certify that the information provided above is true and complete to the best of my knowledge.**

The Columbia Association reserves the right to photograph programs and volunteers for publicity purposes.

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Signature of Contact Person

Date