



Columbia Association

Project: Columbia Cleans Day

Date: April 5, 2025

Job Description Attached ☐

VOLUNTEER APPLICATION AND AGREEMENT

Please Print/Type all information

Project: Columbia Cleans Day Today's Date: _____

Name: _____

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

Age if Under 18: _____ Date of Birth (month & date only – optional) _____

Alternative Contact Information ~ Name: _____

Phone Number: _____

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.

Signature of Volunteer Participant

Date

Printed Name and Signature of Parent or Guardian if Volunteer Participant Under 18

Date