**VOLUNTEER APPLICATION AND SERVICE AGREEMENT**

      (       )       -

|  |  |  |
| --- | --- | --- |
| Volunteer Name |  | Phone |

|  |
| --- |
| Email |

|  |  |  |
| --- | --- | --- |
| Address |  | Ste/Apt |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| City |  | ST |  | Zip |

Are you 18 years of age or older? **Yes** **[ ]  No [ ]**

*IF VOLUNTEER IS UNDER AGE 18, PARENT OR GUARDIAN MUST SIGN BELOW*

|  |
| --- |
| Description of volunteer services to be performed:      Start Date:       /       /       Day(s) Volunteered       |

      (       )       -

|  |  |  |
| --- | --- | --- |
| Emergency Contact |  | Phone |

**Terms and Conditions**

*Please initial on each line (if digital signature, enter* ***/s/****[initials])*

      I fully understand that my services to ClearTheList Foundation (CTL) are provided strictly in a voluntary capacity, and without any express or implied promise of current or future employment, salary, compensation, employee benefits, workers compensation, or other payment or benefit of any kind whatsoever.

      I agree to familiarize myself and comply with any and all of CTL’s policies and procedures applicable to volunteers and will fully comply with both the letter and spirit of these policies and procedures. I will seek clarification from the CTL personnel when required.

      I agree to inspect the facilities and equipment to be used while volunteering, and if I believe that anything is unsafe or beyond my capabilities, I will immediately notify the staff of such condition(s) and refuse to participate.

      I understand that only the director (or board as a whole) has the authority to make decisions on behalf of CTL regarding fundraising opportunities, the presentment of educational programs or to sign contracts on behalf of CTL. Volunteers presented with opportunities in these areas are encouraged to contact a CTL director.

      I fully understand and agree to assume all risks involved and all duties that I perform at or for CTL in my volunteer capacity. I am voluntarily participating in these activities with the knowledge of the danger involved and agree to assume all risks of bodily injury or property damage.

      I agree to carry out my assignments in accordance to CTL training and understand that my failure to do so may result in my immediate removal as a volunteer.

      I fully understand and agree that failure to comply with all of the obligations outlined in this agreement and/or CTL policies and procedures may result in termination of my volunteer assignment.

      I understand and agree that no particular schedule or hours of service are required or guaranteed for the volunteer work I will perform for CTL, that CTL may determine at any time that it no longer needs such volunteer services performed, and that I may decide at any time to end my volunteer activities for CTL.

      I have read, understand, and will comply with each of the above statements. I further agree that this contract/agreement is legally binding and does not have a time expiration as long as CTL exists.

**Release**

I agree that: in consideration of CTL allowing my participation in this activity, under the terms set forth herein, I, for myself and on behalf of my child or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge CTL, its agent employees, officers, directors, representatives, assigns, members, affiliated organizations, insurers, and others acting on its behalf (herein, collectively referred to as Associates) of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown anticipated or unanticipated, due to CTL and or its Associates ordinary negligence: and I do further agree that except in the event of CTL gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and or litigation due to injury, including but not limited to serious bodily injury, death or property damage, sustained by me or my minor child and or legal ward in relation to the premises and operations of CTL.

            /       /

|  |  |  |
| --- | --- | --- |
| /s/ (Volunteer Signature) |  | Start Date |

|  |
| --- |
| Volunteer Name (Printed) |

                  /       /

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| /s/ (Organization Representative) |  | Title |  | Date |

**IF YOU ARE NOT 18 YEARS OF AGE OR OLDER, YOUR PARENT OR GUARDIAN MUST COMPLETE THE FOLLOWING STATEMENT AND SIGN IT.**

I have read the Volunteer Service Agreement and confirm that

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| --- | --- |
|  |  |

has my permission to participate as a volunteer in the program as described for the ClearTheList Foundation.

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|  |  |  |
| --- | --- | --- |
| /s/ (Parent or Guardian) |  | Date |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| /s/ (Organization Representative) |  | Title |  | Date |