

VOLUNTEER SERVICE AGREEMENT



We value the efforts and contributions of our volunteers. The intention of this agreement is to indicate our commitment to achieve our mission and the Volunteers who make that possible.

Volunteer Information

Name

Mailing Address

Email Address

Social Media handles
if applicable

Date of Birth

Preferred Pronouns

T-Shirt Size

Emergency Contact Name

Emergency Contact Phone

Emergency Contact Relationship

Health Insurance
Carrier, Policy #, Phone#

Term of Commitment

Volunteer agrees to commit approximately _____ hours (_____ monthly / _____ weekly) of unpaid services to the Organization, beginning _____ and for a duration of at least _____ months. Specifics, if any, related to the volunteer project / program are contained in the attached schedule(s). All volunteers are subject to a six-week trial period.

Volunteer agrees to maintain and submit a monthly timesheet of volunteer hours to the Director.
Volunteer agrees to meet time and task commitments and provide sufficient notice when not available.

Safety & Policies

Volunteer shall comply with the Organization's policies and procedures, and will **observe all guidelines** when visiting Cumberland Island National Seashore.

Volunteer agrees to make personal safety a priority and to promptly tell the Organization about unsafe conditions or conduct that may come to Volunteer's attention.

If Volunteer is involved in an accident, is injured, or becomes ill while performing volunteer services, the Volunteer is required to record all details and immediately inform the Organization's Director.

Volunteer shall employ **Leave No Trace** practices when visiting Cumberland Island National Seashore.

Confidentiality

Volunteer agrees to not disclose, access, use, remove, disclose, copy, release, sell, loan, alter, or destroy any confidential information except as authorized within the scope of their duties and with written permission by the Director. This information may be verbal, in print, contained in software, visible on screen displays, in computer-readable form, or otherwise, and may include but is not limited to medical/health, maps, financial, legal, or scientific information.

Volunteer understands that they will be held responsible for any misuse or unauthorized disclosure of confidential information, including the failure to safeguard information access codes or devices.

Publicity

Volunteer agrees that the Organization may use audio, video or photography of Volunteer arising from Volunteer’s service.

Liability

The Organization is not responsible for any damage to or loss of Volunteer’s personal property incurred while performing volunteer duties.

Our Commitment to You

The Organization commits to treating you with respect and courtesy at all times; to be receptive to comments and feedback from all our volunteers; and to value and recognize our volunteers as a primary resource in achieving the goals of our organization.

The Organization agrees to define appropriate deliverables and standards, communicate them to you, and support you in achieving and maintaining them as part of this agreement.
The Organization agrees to reimburse eligible-out of-pocket expenses as approved in advance by the Director.

Equal Opportunity Organization: All volunteer applicants will be considered without attention to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran or disability status.

The Organization or the Volunteer may cancel this agreement at any time by notifying the other party.

Volunteer Name

Wild Cumberland Representative

Volunteer Signature

Wild Cumberland Representative Signature

Date

Date

Volunteer Liability Waiver

Volunteer's relationship with Nonprofit is limited to a volunteer position and no compensation is expected in return for services provided by Volunteer; Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit.

Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.

Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.

Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.

Assumption of Risk: I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.

Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.

Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

Volunteer Name

Date

Volunteer Signature