



UPSTATE
CIRCLE
OF FRIENDS

Volunteer Application

Last Name

First Name

Date

If under 18 years, Name of Parent or Guardian: _____

**If a volunteer is under 18 years the parent or guardian must also complete a volunteer application and agreement form.*

Address

City

State

Zip

Email

Phone Number

Company or Volunteer Group Name

Group Leader Name

Contact

Emergency Contact:

Name

Relationship

Contact Number (Home / Cell)

How often are you available to volunteer?

How did you hear about us? _____

Why are you seeking a volunteer position?

Personal Fulfillment

Community Service Requirements

Class/Degree Requirements

Have you been convicted of a crime? No Yes If yes, please briefly describe.

PHOTO RELEASE: I grant Upstate Circle of Friends the right to photograph me in connection with UCF Events. I authorize UCF and its assigns and grant copyright transfers to use and publish the same in print and/or electronically. I agree that UCF may use photographs of me with or without my name and for any lawful purpose, including for publicity, illustrations, advertising, and Web content.

By signing below, I am stating I have read, understand, and consent to the Photo Release.

Volunteer Signature

Date

LIABILITY WAIVER: I hereby release and waive liability against Upstate Circle of Friends, a non-profit corporation, its directors, officers, employees, agents, successors, and assigns for any injuries or illness I or my dependent may incur in connection with any volunteer work for UCF.

I agree that this release is as inclusive as permitted by the laws of the state of South Carolina.

Volunteer Signature

Date