



BERKELEY
COUNTY
SOUTH CAROLINA

**Berkeley County Government
Volunteer Application Berkeley County/Sangaree Special Tax District**

PERSONAL INFORMATION

Name: _____ Date: _____

Street Address: _____

City, State, ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Driver's License #: _____ State of Issue: _____

Date of Birth if you are less than 18 yrs old _____

VOLUNTEER PREFERENCES(S)

Horticulture – Assist with planting, weeding, pruning, watering and maintaining grounds.

Naturalist – Maintain trails, boardwalks, weeding, pruning, etc.

Other – _____

SHIFT PREFERRED:

Morning (9am – 12pm) Afternoon (12pm – 5pm) Flexible (Blocks of time as needed)

When are you available for volunteer assignments?

Monday Tuesday Wednesday Thursday Friday Saturday

Sunday Holiday/Special Events

How many hours can you volunteer per month _____?

DONATIONS

_____ I am interested in making a donation. Please contact me with more information.

REFERENCES

Please list names, addresses, and phone numbers.

1. _____
2. _____

EMERGENCY CONTACT INFORMATION

Name: _____ Telephone: _____ Relationship: _____

Volunteers are responsible for maintaining the confidentiality of all proprietary information which they may be exposed to while serving as a volunteer, whether this information involves single members of staff, volunteers, citizens, or other persons, or involves the overall business of the County.

Berkeley County Government will not provide any medical, health, or worker's compensation for any volunteer. Volunteers will not be eligible to receive any worker's compensation benefits for injuries sustained while functioning as a volunteer.

I hereby affirm that the information provided on this volunteer application (and accompanying documentation, if applicable) is true and complete to the best of my knowledge. I further understand that this volunteer application becomes the property of Berkeley County Government and will not be returned. **THE COUNTY APPRECIATES YOUR CONSIDERATION OF VOLUNTEER OPPORTUNITIES.**

Printed Name: _____ Date: _____

Signature: _____

Signature of parent if volunteer is under age 18: _____

**Berkeley County Government
Volunteer Consent and Disclosure Form**

Berkeley County Government takes pride in the quality of our volunteers and the services they provide. To ensure that all volunteers meet our high standards, and to ensure the safety of employees and citizens, we verify past employment and conduct criminal background checks on volunteers. In order to obtain the criminal background check, the Fair Credit Reporting Act requires us to obtain your consent. Your signature below is required before for the County will consider your Volunteer Application. **Please carefully read this information before signing.**

Voluntary position for which this person is applying: _____

The items of personal information requested below are needed to process your background investigation. This information is intended solely for that purpose and will not be used in a discriminatory manner by the parties noted below in the making of appropriate business decisions.

Print Name: _____

If name changed print former name here: _____

Date of Birth (for identification purposes only): _____

Gender: _____ Male _____ Female

Social Security # (for identification purposes only): _____

List all your residential addresses for the past seven (7) years, starting with your present address:

1. _____
2. _____
3. _____
4. _____
5. _____

Have you ever been convicted of a crime (other than minor traffic offenses)? Yes ___ No ___
If Yes, please explain charges: (Use an additional sheet of paper if necessary)

In what state, what county, and what year did these convictions occur? _____

Berkeley County Government has informed me that an investigative criminal report may be obtained from a consumer reporting agency for the purpose of evaluating me for assignment as

a volunteer. This report will contain information bearing on criminal history. I understand that I have the right to receive notice about the nature and scope of any investigative reports within five days of my request or the investigative report is received by the County.

I hereby authorize and request any present or former employer, agency or other persons having personal knowledge about me, to furnish Berkeley County Government past or current employment verification information in connection with my volunteer application. This may include information contained in public records which could include credit history, criminal files at the county, state, and federal jurisdiction levels, motor vehicle records, and investigations of employment history and performance and educational credentials. A photocopy of this authorization can be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written volunteer application which I sign. I release Berkeley County Government, my former employers and others from any and all liability for seeking or providing such information.

I have been given a copy of this form (if requested).

Signature: _____ Date: _____

Berkeley County Government

Volunteer's Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement

IMPORTANT- PLEASE READ CAREFULLY BEFORE YOU SIGN!

Volunteer's Name: _____
(Print Name)

In consideration of being permitted to engage in the activities set forth herein, I hereby agree to release and discharge the Berkeley County Government, its agents, officers, managers, officials, employees, subcontractors and all other persons or entities acting in any capacity on its behalf (collectively "the County") on behalf of myself, my parents, my heirs, assigns, personal representative, next of kin, and estate as follows:

1. **Inherent Risks** I acknowledge that my participation in the volunteer activities entail known and unanticipated risks that could result in physical or emotional injury, disability, death, or damage to myself, property, or third parties. I also understand and acknowledge that participating in the volunteer activities increases my risk of injury, accident or incident. I acknowledge that I AM ULTIMATELY RESPONSIBLE for my own safety during the volunteer activities.

2. **Express Assumption of Risk** As lawful consideration for being allowed to participate in the volunteer activities, I expressly agree that I am KNOWINGLY AND FREELY ASSUMING ALL RISKS, BOTH KNOWN AND UNKNOWN, arising out of or related to the volunteer activities. My participation in the volunteer activities is purely voluntary, and I elect to participate in spite of the risks. I expressly agree and acknowledge that the terms and conditions of this Agreement are contractual in nature and that I am signing it of my own free will.

3. **Waiver, Release** On behalf of myself, my parents, my heirs, assigns, personal representative, next of kin, and estate, I hereby agree to FULLY AND FOREVER WAIVE, RELEASE, AND HOLD HARMLESS the County from any and all claims, demands, causes of action, liability or expenses (including attorney fees) with respect to any and ALL INJURY, DISABILITY, DEATH, LOSS, OR DAMAGE to person or property resulting from or arising out of participation in the volunteer activities.

4. **Personal Skill & Insurance** I certify that (i) I have sufficient training, skill and fitness to participate in the volunteer activities; (ii) I have no medical, mental or physical conditions which could interfere with my safety or ability to participate in the volunteer activities, or else I am willing to assume and bear the cost of all risks that may be created, directly or indirectly, by any such condition; and (iii) I have adequate personal insurance to cover any injury, damage or emergency transportation costs I may cause or suffer while participating, or else agree to bear the costs of such injury, damage or emergency transportation. I understand that any injuries that I may sustain will have to be covered by me or my personal health coverage and I agree

not to sue or file a workers compensation claim against the County for any injury or other potential claim which arises from my volunteer activities. I fully understand that I am not covered by the County's Workers Compensation policy.

5. **Personal Capacity** I expressly acknowledge that I am not under the influence of drugs or alcohol at the time of my signing of this document and that there are no other impediments or reasons why I would lack the capacity to enter into this Agreement.

Signature: _____ Date: _____
(Parent/Legal Guardian if under the age of 18)

Department: _____