

Volunteer Agreement

I, [_____], agree to work as Volunteer for the James E. Clyburn Scholarship and Research Foundation.

Before you can commence the volunteer role, we need the following information:

Name:

Permanent Address:

Home Phone:

Cell Phone:

E-mail:

Birthdate:

Do you have any physical restrictions or special needs? [] No. [] Yes

Do you have any special skills or areas of interest? [] No [] Yes :

You are a volunteer

The “Volunteer/Volunteer Leader” at James. E. Clyburn Scholarship and Research Foundation is a volunteer position. This means that you perform all duties on a voluntary basis, of your own free will, and you will not receive payment for your work. You are not an employee of James. E. Clyburn Scholarship and Research Foundation and you are not entitled to a salary or any other entitlements associated with employment.

Volunteers should not promote private or personal interests in conjunction with the performance of duties and shall not attempt to solicit employees or to use confidential information for personal advantage or gain. The volunteer must exercise good faith and integrity in all dealings with James. E. Clyburn Scholarship and Research Foundation.

What you can expect when volunteering at Clear Charity

The James E. Clyburn Scholarship and Research Foundation values its volunteers and we will endeavor to provide you with:

- A verbal and written position description so that you can understand your role and the tasks you are authorized to perform as a volunteer
- training and orientation necessary for the volunteer role
- A safe and healthy environment in which to perform your role

- A supervisor, so that you have the opportunity to ask questions and get feedback

We ask that you:

- Support the James E. Clyburn Scholarship and Research Foundation's aims and objectives
- Operate under the direction and supervision of nominated staff and follow reasonable directions and instructions.
- Understand and comply with the organization's policies and procedures; including anti-discrimination, confidentiality, and intellectual property
- Notify your supervisor or another member of staff of any hazardous situations that pose a risk to you or others; and report any accidents or incidents relating to staff, volunteers or event attendees.
- Act appropriately and courteously to both the staff and the public with whom you interact in the course of your role
- Use any property or equipment given to you in your role only for purpose of the job and return it to the organization when you finish your volunteer role.
- Let us know if you wish to change the nature of your contribution (e.g. hours, role) to the James E. Clyburn Scholarship and Research Foundation at any time.
- Be open and honest in your dealings with us and let us know if we can improve our volunteer program and the support that you receive

Contact person(s)

Your contact person(s) at the James E. Clyburn Scholarship and Research Foundation will be: April Thomas (803) 855-6610, athomas@jecrsf.org.

Training required before you start in the volunteer role

The James E. Clyburn Scholarship and Research Foundation is committed to providing suitable training to its volunteers. For this reason, it is our policy that all volunteers undertake an online training webinar prior to commencing their volunteer position. We will be holding volunteer training and orientation sessions and a schedule will be shared with you.

Volunteer Expenses

It is the goal of the James E. Clyburn Scholarship and Research Foundation to provide all necessary materials and tools to volunteers so as to prevent any out-of-pocket expenses for the volunteer. If the volunteer should incur any out-of-pocket expenses, the James E. Clyburn Scholarship and Research Foundation will not reimburse without prior consent.

Photo / Video Release

James E. Clyburn Scholarship and Research Foundation may take photos & videos of me during volunteering, events, meeting, and other gatherings. I authorize the James E. Clyburn Scholarship and Research Foundation to use information shared (phrases, quote) publish the same in print and/or electronically. I agree that the James E. Clyburn Scholarship and Research Foundation may use such

photographs of me with or without my name and for any lawful purpose, including publicity, illustration, advertising, marketing and web/social content.

Confidentiality

- All terms and conditions of this Agreement and any materials provided during the term of the Agreement must be kept confidential by the volunteer, unless the disclosure is required pursuant to process of law.
- Disclosing or using this information for any purpose beyond the scope of this Agreement, or beyond the

This contract may be cancelled at any time at the discretion of either party by written notice.

I accept the terms stated above and will strive to fulfill the responsibilities outlined in this agreement. If there are problems with my responsibilities, I will advise my supervisor immediately. I understand that I will not be paid for my services, nor will I be eligible to receive any reimbursement for expenses incurred in transportation to and from the volunteer assignment.

Please sign below, and provide a copy of your government issued ID.

Name

Date

General Release from Liability

1. I am aware that participation as a volunteer may require periods of minor physical exertion, including lifting and carrying up to 30 lbs, and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
2. As consideration for volunteering for Clear Charity, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue Clear Charity or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of Clear Charity as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE CLEAR CHARITY AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
3. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY CLEAR CHARITY'S WORKERS' COMPENSATION PROGRAM. I authorize Clear Charity to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.

I acknowledge that I sign this Release knowingly and intelligently and with full and complete knowledge of the purpose of the volunteer position and without any form of duress and/or intimidation whatsoever on the part of Clear Charity.

Signature of Volunteer _____ **Date**

Name

Date _____ **Parent's Signature (If under age 18)**

Name