

2020 Membership & Volunteer Application

\$15 per year (individual and/or a family with 2 adults)

Membership and volunteer registration expire December 31, 2020. Make checks to: Friends of Palmetto Island State Park, Inc. NAME: COOLICE /DADTNED

SPOUSE/PARTNER:			
ADDRESS:			
City, State, Zip	·····		
PHONE:	CI	ELL:	
E-MAIL:			
Interested in serving on:	Board of Directors	Committee member	Committee Chairman
Friends' Volunteer (he	lp at friends' group activitie	es, special events or fundraise	rs) Yes No
Volunteer Ability, Limitations, T	`alents or Interests:		
Have you your spouse or partner	r avar baan aanviatad af a f	iolomy on a say onimo? Vas	П
Have you, your spouse or partner If yes, please explain (offense, do			

☐ I have volunteered for Friends or the park before. My OSP registration is on file.
☐ I have read and understand FPISP's Volunteer Guidelines. I have been given a copy for my records
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EMERGENCY CONTACT:

I understand that there are common risks associated with participation in the activities described herein. I accept those risks. I will not participate in this event unless I am physically and legally able to do so. I release the Friends of Palmetto Island State Park and their members, partners, and contractors from liability arising out of my own or someone else's action. I agree to follow all volunteer guidelines, applicable rules, laws, and instructions. I agree to be responsible for injuries and damage that I cause. I authorize photographs, videos, and other recordings of me, my name, and this activity to be used in any media for public and charitable purposed.

Signature of Volunteer (if 18 or older)

Date

Signature of Volunteer (if 18 or older)

Date