

VOLUNTEER APPLICATION

Project Street Outreach (PSO), Inc. depends on the participation and commitment of volunteers who support our mission. If you agree with our mission and are willing to adhere to our procedures, we encourage you to complete this application.

DISCLAIMER: *As a general rule, PSO Inc. does not disclose any personally identifiable information except where permission has been granted, or where the information is public information under the South Carolina Freedom of Information Act or other applicable laws.*

Name: _____

Preferred Name: _____

Pronouns (select one you identify):

☐ He/Him ☐ She/Her ☐ They/Them

Phone: _____ Email: _____

Tee-Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

Any special talents or skills you have that you feel would benefit our organization?

Interests: Please check what areas you are interested in volunteering:

- ☐ Social Media Committee
- ☐ Finance Committee
- ☐ Outreach Committee
- ☐ Marketing Committee
- ☐ Ways and Means Committee

Board of Directors (a separate application is required):

- ☐ Executive Director
- ☐ Chairperson
- ☐ Secretary
- ☐ Treasurer (specific qualifications required)

Subcommittee Leads:

- ☐ Volunteer Outreach Coordinator
- ☐ Ways and Means Coordinator
- ☐ Grant Writer (specific qualifications required)
- ☐ Social Media Coordinator
- ☐ Project Manager Coordinator
- ☐ Marketing Coordinator
- ☐ Outreach Coordinator

Please indicate days available: Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐

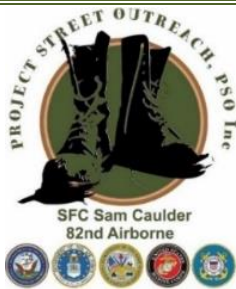
Times available: From _____ To _____

Any physical limitations? _____

In case of emergency contact: _____ Telephone Number: _____

As a volunteer of our organization, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and the organization, its employees, and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform. I agree all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in PSO, Inc.'s volunteer program, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE The PSO, Inc.'s (Project Street Outreach), its Board of Directors agents, servants, or volunteers (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

2. I am fully aware of any risks involved and hazards connected with any activity, which includes but not limited to travel risk and/or PSO, Inc.'s activities. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH may be sustained by me, or any loss or damage to property owned by me, because of being engaged as such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

4. I understand that the PSO, Inc. does not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.

5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of South Carolina.

6. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

On this _____ day of _____, _____.

Printed Name _____ Signature _____

If the participant is under the age of eighteen (18), Parent/Guardian consents to the minor's participation in the event.

Parent/Guardian Signature _____ Date _____

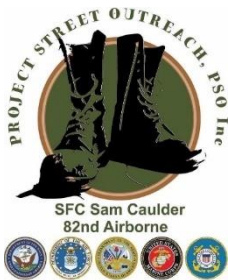


Photo Release Form

I understand Project Street Outreach (PSO), Inc. may take photos and/or videos of volunteers during program activities and events for promotional materials in print, social media, or web form. Photos/videos will only be used for purposes related to Project Street Outreach (PSO), Inc.

Please check the correct box below as to whether you do wish or do not wish to grant Project Street Outreach (PSO), Inc. permission to use your (or your child's) photos/videos taken during an outreach event.

Additionally, please complete the information below and sign this form in verification of your permission regarding (PSO), Inc. use your (or your child's) photos/videos.

- ☐ I do grant permission for the use of my (or my child's) photo/video.
- ☐ I do not grant permission for the use of my (or my child's) photo/video.

Name (or child's name)

Guardian Name (if child under 18)

Phone

Email

Address

Signature _____ Date _____