

Volunteer Agreement Form

SCDNR Volunteer Agreement
(Occasional Service)

INSTRUCTIONS: This version of the volunteer agreement is for “occasional service” volunteers who provide “one-time” or occasional service. It is not to be used for regular service volunteers or volunteers who may drive SCDNR vehicles or would need a criminal background check to work with minors. It is in a simplified format and can be inserted in online registration pages or on a “sign in sheet” for day-of volunteers. Either registration / sign in system should capture the basic information below and include a signature or online affirmation. These instructions do not need to be included in the registration / sign in document.

Volunteer Full Name:		
Phone Number (mobile preferred):	Date of Birth:	
Email Address:		
<i>Emergency Contact:</i>	<i>Phone Number:</i>	
Is this your FIRST TIME volunteering with SCORE? (circle one)	YES	NO
Volunteer Group/Affiliation:		

The South Carolina Department of Natural Resources (SCDNR) appreciates your help in accomplishing our mission. In exchange for being allowed to volunteer with the SCDNR, I, the Volunteer, enter into this Agreement to clearly define the relationship through which I will provide services to the SCDNR. This Agreement is entered pursuant and subject to the Volunteer Protection Act of 1997, 42 U.S.C. §§ 14501, *et seq.*, and S.C. Code Sections 8-25-10 through 8-25-50 (1976 as amended). I agree to comply with rules and policies, including but not limited to SCDNR’s anti-harassment policy and policies on conflicts of interest, applicable to my volunteer activities and to coordinate those activities with the SCDNR Coordinator and understand failure to do so may result in my dismissal from the volunteer program. I understand that the SCDNR will need to report on the hours I volunteer and I will assist in documenting my time.

Liability Limitations and Acknowledgement of Risks – I, the Volunteer, accept and understand that I am subject to both the benefits and limitations of the South Carolina Tort Claims Act pursuant to S.C. Code Section 8-25-40. I understand I may be exposed to potential risks from environmental conditions (for example, lightning, fire, smoke, heat, cold, swimming, diving, sharp objects, *etc.*), rigorous activities, exposure to wildlife and insects, vehicles, boats, equipment, tools, weapons, allergens, first aid or medical treatment for injuries, hunting and fishing activities, and others over which SCDNR may or may not have any control. Taking into consideration my personal health and access limitations for some work locations, I acknowledge that I have the ultimate responsibility to determine whether I can safely participate before engaging in specific volunteer activities.

Admin use only:

Event Date:

Event Time:

Entered into: Excel_____ Access_____ GovDelivery_____

Because I am not an employee of and receive no compensation or employment benefits from the SCDNR, I will not be eligible for workers compensation protections. Accordingly, I hereby release and hold harmless SCDNR and its officials, employees, and agents from any liability to me for any injury, accident, harm, or other damage to me that arises out of my participation in the volunteer program. To the extent authorized by law, my activities as a volunteer may be covered by the SCDNR's liability insurance coverage for third party claims against me, as provided through the Insurance Reserve Fund.

Photo, Audio, Video Release – I grant the SCDNR permission to use photographs, pictures, audio, and/or video broadcasts or recordings of me (collectively, “Content”) as described below. SCDNR may use the Content on the internet and similar platforms/applications, in broadcasts, and in any print or digital form including public presentations, publications, educational materials, derivative works, or similar uses. I understand and agree that the Content may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product or any derivative works. I also understand and agree that I may be identified by name and/or title in information that might accompany the Content. My release of Content to SCDNR is a royalty-free, nonexclusive and permanent / irrevocable right to reproduce, publish, republish or otherwise use the Content and has no geographic limits. If acquired by or provided to SCDNR, I agree that the Content is and shall remain the property of the SCDNR. I warrant and represent that this grant and release of Content does not in any way conflict with any existing commitment I have made. I forever release SCDNR, its trustees, employees, and agents from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of the Content, including but not limited to any claims for invasion of privacy, appropriation of likeness, or defamation.

By signing this Agreement, I acknowledge that I have completely read and fully understand and agree to be bound to these terms. Additionally, I warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if not, that my parent or legal guardian has signed this Agreement below. This Agreement is binding on me and my heirs, assigns and personal representatives.

Volunteer

Signature: _____

Date: _____

Printed Name: _____

If the above individual is under eighteen (18) years old, the following section must be completed: I understand and agree that this Agreement is binding on me, my child / ward (named above), our heirs, assigns and personal representatives. I affirm that I am eighteen (18) years old or more and that I am the parent or legal guardian of the child / ward named above.

Parent / Guardian Signature: _____

Parent / Guardian Printed Full Name: _____

Date: _____