

The Pledging Tree Foundation

Volunteer Application and Waiver of Liability

(Please complete application/waiver, print and mail to address listed at the bottom.

Due to the sensitive nature of the contents, please do not return via e-mail.)

Date of Application

PART I: A current resume must be attached to this application for it to be processed.

General Information: <i>Double click on check boxes to mark</i>	Position Applied For:
I am available from: until .	Position Title
Willing to serve for: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/> 24 months	

Personal Data			
First	Middle	Surname(s) / Family Name(s)	
Preferred Name	Fax number	E-Mail Address	
Home Phone Number	Work Phone Number	Mobile Phone Number	<input type="checkbox"/> M <input type="checkbox"/> F
Best Time to Call:	Best Time to Call:	Best Time to Call:	Date of Birth
Social Security Number	Current Occupation	Students specify school, level of study	

Current Mailing Address <i>(All information will be sent to this address unless you notify us of a change)</i>		
Address		
City	State/Province	ZIP Code

Emergency Contact Information			
<i>(Person to contact in case of emergency)</i>			
First	Middle	Surname(s) / Family Name(s)	
Home Phone Number	Work Phone Number	Mobile Phone Number	Relationship of this person to volunteer
Best Time to Call:	Best Time to Call:	Best Time to Call:	

References				
<i>Please list 1 Professional and 1 Personal reference (not related to you).</i>				
Name	Telephone (if non-U.S. include Country code)	E-Mail Address	Nature of relationship	Number of Years Known

PART II:

Education/Professional Experience/Training (formal and informal)

Summarize any training, experience, skills, licenses and/or certificates not listed in your resume that are relevant to the desired position.

Areas of interest (Check up to 4)

<input type="checkbox"/> Fund Raising/Donor Develop	<input type="checkbox"/> Media Relations	<input type="checkbox"/> Financial advisor	<input type="checkbox"/> Photography/video Production
<input type="checkbox"/> Community relations	<input type="checkbox"/> Newsletter publications	<input type="checkbox"/> Financial workshop/training	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Event coordination	<input type="checkbox"/> Volunteer coordinator	<input type="checkbox"/> Web development	

Community/Volunteer Activities

Please describe any community or volunteer work relevant to the desired position. Attach additional information if necessary.

Name of Organization		Duties/Achievements
Position Held		
Dates	Number of Work Hours Per Week	
Name of Organization		Duties/Achievements
Position Held		
Dates	Number of Work Hours Per Week	

PART III:

Questions for all volunteer positions.

Where/how did you hear about The Pledging Tree Foundation?

Why do you want to volunteer with TPTF?

What are your expectations – both professionally and personally –for this volunteer experience?

PART IV:

Additional Information

Please write any additional information not covered in this form that will strengthen your application.

Please attach a current resume to this application.

PART V:

Applicant's Statement

I certify that the answers I have given in this application are true and complete to the best of my knowledge. I acknowledge that misrepresentation or omission may be the cause for my rejection from volunteer service or may result in my subsequent dismissal if I am accepted.

Signature of Applicant

Date

Applicant Name, Printed

Mail completed application and waiver of liability to:

The Pledging Tree Foundation
3947 W. Lincoln Hwy. Suite 184
Downingtown, PA 19335

For additional information on the Volunteer Program, visit www.thepledgingtree.org/volunteers

Waiver of Liability

IMPORTANT: Each participant must have a signed "Release and Waiver of Liability" on file. Please complete this form now in order to be considered. Please print all information in blanks provided.

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20____, by _____ (the "Volunteer") in favor of THE PLEDGING TREE FOUNDATION, a nonprofit corporation organized and existing under the laws of the States of Delaware and Pennsylvania, its directors, officers, employees and agents (collectively, "TPTF").

I, the Volunteer, desire to work as a Community Volunteer and engage in the activities related to being a volunteer.

I hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. Waiver and Release. I, the Volunteer, release and forever discharge and hold harmless TPTF and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my work for TPTF.

I understand and acknowledge that this Release discharges TPTF any liability or claim that I, the Volunteer, may have against TPTF respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation as a Community Volunteer for TPTF, whether caused by the negligence of TPTF or its directors, officers, employees, or agents or otherwise. I also understand that TPTF does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).

2. Insurance. I, the Volunteer, understand that, except as otherwise agreed to by TPTF in writing, TPTF does not carry or maintain health, medical or disability insurance coverage for any volunteer.

3. Medical Treatment. Except as otherwise agreed to by TPTF in writing, I hereby release and forever discharge TPTF from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with TPTF.

4. Assumption of the Risk. I hereby expressly and specifically assume the risk of injury or harm in all activities performed during my service and release TPTF from all liability for injury, illness, death or property damage resulting from the activities of my time with TPTF.

5. Photographic Release. I grant and convey unto TPTF all right, title, and interest in any and all photographic images and video or audio recordings made by TPTF during my work for TPTF, including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the States of Delaware and Pennsylvania in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the States of Delaware and Pennsylvania. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

To express my understanding of this Release, I sign here with a witness.

Volunteer:

Name: (please print) _____ Signature _____
Address _____ Date _____

Witness:

Name: (please print) _____ Signature _____
Phone (H) _____ (W) _____ Date _____