



Pioneer Volunteer

Release and Waiver of Liability Form

Updated: 5/11/2022

This Release and Waiver of Liability (the "release") executed by the Volunteer named below releases Fletcher Academy, Inc., ("Nonprofit"), a nonprofit corporation organized and existing under the laws of the State of North Carolina and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer. Volunteer understands that 1) the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; 2) that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and 3) that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Nonprofit 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 any emergency during my tenure as a volunteer with Nonprofit.
4. Assumption of Risk: I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to manual labor which could involve inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.
5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina and that this Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

INITIAL _____

Authorization to Obtain Background Check

By signing below, I acknowledge the Disclosure of Intent to Obtain a Consumer Report or Investigative Consumer Report, as well as A Summary of Your Rights Under the Fair Credit Reporting Act. I authorize Fletcher Academy, Inc. to obtain a consumer report or investigative consumer report about me from Mind Your Business, Inc. ("MYB"). I understand and agree that the information contained in any consumer report MYB provides will be used to determine my eligibility to volunteer my service and, if I am allowed to volunteer, my eligibility to continue to volunteer, and that action may be taken by Fletcher Academy, Inc. based on this information. I further authorize law-enforcement agencies; public and private schools; federal, state, and local agencies and courts; credit bureaus; information bureaus; current and former employees; financial institutions; licensing agencies; the military; and other individuals and entities to provide any information that is requested by MYB or Fletcher Academy, Inc. This information may include alcohol and controlled-substance information. To assist Fletcher Academy, Inc. in obtaining a consumer report, I am providing the preceding information. I understand that providing this information is voluntary; however, without this information, MYB may be unable to properly identify me if it discovers inaccurate information during its background investigation. I certify that the information that I am providing on this form is true and correct. I understand that any information I provide in an application or that I otherwise disclose during my volunteering may be used to obtain consumer reports and investigative consumer reports.

PLEASE PRINT

Last Name First Name Middle or Maiden Name Date of Birth

Mailing Address City State Zip

Phone Email Social Security #

Signature Date

Have you ever been convicted of or pleaded no contest to any criminal charge(s)? No Yes, details: _____

Have you ever participated in, been accused, convicted of, or pled guilty to any charge involving sexual misconduct or abuse? No Yes, details: _____

Medical

Do you have any special medical needs or conditions? No Yes If yes, please elaborate _____

In Case of Emergency (Please Print)

Name	Relationship	Contact Phone #
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References

Please fill out the following information which is required as part of the screening process for becoming a Pioneer Volunteer.

Most Recent Employer (if applicable)

Name of Business	City/State	Phone
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Last Position Held	Supervisor	Length of Employment
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Personal Reference

Name	Mailing Address	Relationship to Applicant	Phone
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Pastoral Reference

Name	Mailing Address	Name of Church	Phone
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Have you ever worked or volunteered for FAI in the past? No Yes, when? _____

Volunteer Placement Interests / Skills with Fletcher Academy Inc. Ministries

- | | | |
|--|--|---|
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Fletcher Farm | <input type="checkbox"/> LPC Fitness & Aquatics |
| <input type="checkbox"/> Captain Gilmer Christian School | <input type="checkbox"/> Fletcher Park Inn | <input type="checkbox"/> Plant Services |
| <input type="checkbox"/> Fletcher Academy | <input type="checkbox"/> Grounds | <input type="checkbox"/> Other _____ |

Specific Interests / Skills _____
Certifications / Licenses _____

Community Affiliation (Check any/all that apply)

Retiree/Community Member FA Alumni SoN Alumni member of church/church group
Volunteer Activities: (group name, activity, month/years of service or other) _____
Occupation (if retired, your pre-retirement role?) _____

Please return completed application & accompanying documentation to:
Fletcher Academy Pioneer Volunteers Coordinator
P. O. Box 5440, Fletcher, NC 28732
Phone: 828-209-6706
Email: Volunteer@fletcheracademy.org

serve
with PURPOSE