



Lowcountry Orphan Relief Volunteer Registration

Date: _____
 Name: _____
 Address: _____
 Phone: _____ Email: _____
 YES, Lowcountry Orphan Relief has permission to contact me via email
 Emergency Contact and Phone # _____

Please check the areas you would like to participate:

Valerie Vincent Children’s Clothing Closet: Filling orders, sorting donations & stocking merchandise	
Children’s Events	
Clerical/Social Media	
Delivery/Pick up of donations	
Maintenance	
Cleaning	

What days are you generally available to volunteer?

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
On Call		

Volunteer Agreement

Lowcountry Orphan Relief, Inc (LOR) greatly appreciates the dedicated service of volunteers. We could not exist without you! The following policies have been developed to ensure you a safe, productive and rewarding volunteer experience.

Lowcountry Orphan Relief, Inc. commits to:

- Provide adequate information about LOR’s work, and opportunities for volunteers to provide varied opportunities for involvement in our mission.
- Provide orientation, training, and supervision. Provide feedback and, when appropriate, opportunities for greater responsibility.
- Be receptive to all comments from volunteers regarding ways in which we can better accomplish LOR’s mission to provide clothing and basic necessities to abused, abandoned and neglected children in the Lowcountry.

Volunteer Procedures

- Check-in: When you first arrive, check in with our Administrator, Regina Sharpe.
- Please find your sheet in the log book and sign in for the day with the hours you worked.
- Please notify Regina Sharpe, rsharpe@lowcountryorphanrelief.org or 843-747-4099, in advance if you cannot come as scheduled.
- Please wear comfortable, rubber-soled shoes

Volunteer Disclaimer: I certify that I have read and understand the guidelines contained in LOR’s Volunteer Agreement. I intend to follow the above guidelines and understand that my continued service will be contingent upon my ability to work productively and safely within these guidelines.

_____ signature _____ date

Release of Liability (Required)

I certify that I am of lawful age and acknowledge that I have volunteered to help Lowcountry Orphan Relief, Inc. (LOR), a South Carolina non-profit having an office at 1850 Truxtun Ave., N. Charleston, SC 29405. I acknowledge that this volunteer work may involve risk of injury from such work and I agree that I am helping LOR at my own risk.

I agree that, while helping LOR I will:

- a. Observe all safety requirements of LOR where volunteer work is conducted
- b. Use my best judgment and common sense to avoid injury or damages to myself, all other persons volunteering for LOR, all other persons on the premises where the work is being conducted, and all property.

I acknowledge that LOR is allowing me to participate in this volunteer work in reliance upon the statements made in the Release and upon the release of possible claims against them that I am providing in the Release. Accordingly, I do hereby, for myself and heirs, executors and administrators, successors and assigns, of and from all, and all manner of, actions, causes of actions, suits, controversies, damages, judgments, and other liabilities, claims and demands of any nature whatsoever in law or in equity, resulting from my volunteer services for LOR.

I understand that this release is intended to prevent any and all future legal action or claims which I might have against LOR and/or a property owner arising out of my involvement in volunteer work including travel to and from the volunteer site or event.

Printed name: _____

Legal signature: _____

Unless otherwise noted I grant full permission to LOR to use any photographs, film, video or audio tapes of me performing volunteer work for any purpose LOR deems appropriate. I do not grant permission____