

Jackson Falls, Inc.

VOLUNTEER AGREEMENT



In consideration of the opportunity to do volunteer work with Jackson Falls, Inc. and other things of value, I agree to the following:

As a part of my volunteer work for Jackson Falls, Inc., a nonprofit organization, I, hereby accept sole responsibility for any injury that I may incur during the time in which I am working as a volunteer for Jackson Falls, Inc. I further hereby release Jackson Falls, Inc., its officers and directors, employees, volunteers, and agents from any and all claims or cause of action arising from any accident or injury I may suffer during the time in which I am volunteering. I hereby attest that my attendance at and involvement with Jackson Falls, Inc. is voluntary, that I am participating at my own risk and that I have read the forgoing terms and conditions of this release.

I hereby confirm, represent and warrant that I have never been convicted of, charged with or am subject to possible pending charges of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith. I will also disclose all convicts and charges whether civil, criminal or traffic against me at this time.

Article 3 of chapter 5 of Title 49 of the Office Code of Georgia requires a criminal records check for volunteers working with clients and Jackson Falls, Inc. requires this records check for volunteers working with any clients. Please print your full name as indicated below and sign this agreement authorizing a criminal records check and your acceptance of the terms of this agreement.

_____ do hereby authorize Jackson Falls, Inc. or it's (Print full name) authorized agents to search and review any criminal history and/or traffic charge record including any records of complaint, arrest, trials and/or convictions concerning myself. I also (agree/ disagree) to have my picture taken and give permission to Jackson Falls, Inc. to use my likeness in any of their print and/or video materials.

I understand that if I am working with residents, Jackson Falls, Inc. has a right to also check my Department of Motor Vehicle records and check my personal and/or professional references. I understand as part of my commitment that I will attend volunteer training and that I will be expected to keep a record of my volunteer hours.

I recognize the right of Jackson Falls, Inc. to terminate, without notification as to the reason for termination, the services of any volunteer at any time.

Signature

Date

Parental permission must be obtained on those volunteers under the age of 18 years old. I, the parent/guardian of the above named child, give my permission for this child to volunteer with Jackson Falls, Inc. I have read all the above and agree to all the terms for this child.