



CONCORD MARKETPLACE SHED

Volunteer Application

Please review the waiver of liability on the reverse side prior to your submission

PERSONAL INFORMATION

Full Name _____

Address _____

Phone Number _____ E-Mail : _____

Volunteers should be 18 years old or above. Younger volunteers should be accompanied by an adult.

Dates/Hours Available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> AM						
<input type="checkbox"/> PM						

Notes : _____

EMERGENCY CONTACT DETAILS

Contact Name : _____ Home Number : _____

Relationship : _____ Mobile Number : _____

MANAGEMENT USE ONLY

Date Application Received : _____

Date Approved for Volunteering : _____

Date Background Check Completed : _____

Call 434-534-1158 with any questions.

 Manager Signature

**THANK YOU
 FOR YOUR DESIRE
 TO VOLUNTEER IN
 OUR COMMUNITY!**



CONCORD MARKETPLACE SHED

Volunteer Liability Waiver

I, the undersigned, hereby acknowledge that I am voluntarily participating in collection and organization activities at the **Concord Marketplace Shed**, located at the **Campbell County Convenience Center site, located at 7525 Village Highway, Concord, VA 24538**.

In consideration of my participation, I agree to the following terms:

1. Assumption of Risk: I understand that my participation in volunteer activities may involve physical risks and potential hazards, including but not limited to injuries, accidents, or unforeseen circumstances. I voluntarily assume all risks associated with my participation.

2. Release of Liability: I, on behalf of myself, my heirs, executors, and assigns, do hereby release and forever discharge Campbell County, the Concord Marketplace Shed, its volunteers, employees, and agents from any and all claims, liabilities, or damages that I may incur as a result of my participation in these volunteer activities.

3. Indemnification: I agree to indemnify and hold harmless Campbell County, the Concord Marketplace Shed, its volunteers, employees, and agents from any claims, actions, damages, or liabilities that may arise from my participation in volunteer activities.

4. Acknowledgment: I have read this waiver and fully understand its contents. I am aware that by signing this document, I am giving up certain legal rights, including the right to sue.

By signing this waiver, I acknowledge that I am at least 18 years of age and competent to execute this release. If I am under 18, a parent or guardian must sign on my behalf.

Volunteer Signature

Volunteer Signature

Date

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Volunteers Needed!

Call 434-534-1158 to
volunteer!

