



The Salvation Army  
**National Capital & Virginia Division**  
Divisional Volunteer Application  
Short-Term Volunteers

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Name:

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Street Address:

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City:

State:

Zip Code:

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Phone:

Email:

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Emergency Contact:

Phone:

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**PHOTO RELEASE**

I certify that I am at least 18 years of age, my birth date being \_\_\_\_\_, and having the right to contract in my own name and to the extent herein set forth.

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name, signature and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for us in connection therewith. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate. I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the forgoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Witnessed by hand as noted and sealed this day.

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(Print Name)

---

(Street Address)

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(Sign Name)

---

(City, State)

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**AUTHORIZATION RELATING TO A MINOR OR INDIVIDUAL UNDER LOCAL GUARDIANSHIP**

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(Print Name)

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(Street Address)

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(Sign Name)

---

(City, State)

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**WITNESS TO PERFORMANCE OF RELEASE**

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(Print Name)

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(Street Address)

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(Sign Name)

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(City, State)



## Volunteer Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, by the "Participant" in favor of THE SALVATION ARMY, A GEORGIA CORPORATION, a non-profit corporation organized and existing under the laws of the state of Georgia, USA, its directors, officers, employees, volunteers, and agents (collectively, "The Salvation Army").

I, the Participant, desire to serve as a volunteer and/or accompany other volunteers to further the work of The Salvation Army in its various spiritual and/or social programs. I acknowledge that I am acting as a volunteer and undertake to perform said services without compensation and not as an employee of The Salvation Army.

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

1. **Waiver and Release.** I, the Participant, release and forever discharge and hold harmless The Salvation Army from any bodily injury, personal injury, illness, death, or property damage that may result from my participation as a volunteer. I also understand that The Salvation Army does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death, or property damage.
2. **Insurance.** The Salvation Army does not carry or maintain, and expressly disclaims responsibility for providing any health, medical, or disability insurance coverage for the Participant. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A SALVATION ARMY VOLUNTEER.
3. **Medical Treatment.** Except as otherwise agreed to by The Salvation Army in writing, I hereby release and forever discharge The Salvation Army from any claim whatsoever that 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 The Salvation Army.
4. **Assumption of Risk.** I understand that my time with The Salvation Army may include activities that may be hazardous to me, including, but not limited to, cooking and food preparation activities, loading and unloading of heavy equipment and materials, and transportation to and from sites. I recognize and understand that my time with the Salvation Army may in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release The Salvation Army from all liability for injury, illness, death, or property damage resulting from the activities of my time with The Salvation Army.

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

Participant Name \_\_\_\_\_  
Please Print

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness Name \_\_\_\_\_  
Please Print

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_