I desire to volunteer my time and/or services to the FBSC Thrift Store in Fort Benning, Georgia.

I have received a copy of the Thrift Store Volunteer Job Descriptions and the FBSC Thrift Store Volunteer Handbook. I have read and understood the policies and information contained within these documents and agree to abide by these terms and policies during my volunteer term.

I hereby release the FBSC Thrift Store and Fort Benning Spouses Club, Georgia from any liabilities or claims arising from my volunteer services to include but not limited to personal injury, illness, death, personal property loss or damage.

I hereby recognize that all volunteer benefits (including discounts and store credit) will go into effect after documenting and completing 20 volunteer hours. Volunteers must complete 5 hours monthly to keep discount.

**Emergency Contact Information**

*Contact Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Phone Number*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photography/Video Consent**

The FBSC Thrift Store and The Fort Benning Spouses’ Club of Fort Benning, Georgia takes photographs or video recordings of Volunteers in action during the normal day to day activities of the Thrift Store. These Photographs/ Video may be used on the website, in newsletters, and other publications. Please select your choice below.



I give the FBSC Thrift Store and Fort Benning Spouses’ Club, GA permission to use my photograph/video as stated above.



I DO NOT give the FBSC Thrift Store and Fort Benning Spouses’ Club, GA permission to use my photograph/video as stated above.

**Volunteer Information (Please print)**

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Allergies or Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Volunteer Signature Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Parent or Guardian Signature Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Thrift Store Manager/Assistant Manager Date*