Volunteers who work with children usually have a very distinct impact on the child's life. Volunteers and other personnel in positions of authority should maintain clear and appropriate boundaries when working with children.

**Physical boundaries**
- Only use physical contact that is appropriate for the development of a particular activity.
- Work within sight of others at all times.

**Emotional/verbal boundaries**
- Use positive feedback on performance.
- Be encouraging and avoid negative comments.

**Social boundaries**
- Don’t socialize with program participants outside of the program.

**Sexual boundaries**
- Don’t have sexual relationships with program participants.
- Don’t touch participants in ways likely to make them feel uncomfortable.

**Avoid being alone with a child** - To protect both yourself and a child from risk:
- No volunteer should ever be in a one to one situation with a child.
- If a child approaches you and wants to talk to you privately about a matter, do so in an open area and in the sight of other adults.

**Maintain control – avoid losing your temper**
- Adopt positive language and behavior. Avoid bad or aggressive language that could intimidate a child or set a poor example.
- If you find that you regularly lose your temper with children, you should seek support in learning how to manage your anger and consider whether you have the patience to work with children.

**Some ideas to assist with maintaining control include**
- Set up some basic rules at the beginning of the season. Be gentle, but direct, be fair, and give clear instructions. Make sure children are aware of the rules.
- Give positive messages, boost their morale.
- Have a time out area for children and young people that are not behaving.

**Make sure parents are clear about picking up participants**
- Parents/guardians are responsible for the collection of their children from programs on time.
- Have a file of parent/guardian emergency contact numbers and make sure program leaders have access to a phone.
- Avoid the risk of being alone with a child by having a parent/guardian/staff member or volunteer assist you with the programs. Require that person to wait until all children have left.
- Volunteers are not to transport individuals unless there is an extreme emergency.
City of Greenville, SC  
Volunteer Service Agreement, Release, and Indemnification

I, ______________________________       ___________              ______________________________,  
First Name          Middle Initial          Last Name

The City of Greenville is very appreciative of your desire to do volunteer services for the City. All volunteer services must be done according to City policies. Thus, in consideration of being allowed to participate in the volunteer service of the City of Greenville, you do hereby agree that:

1. **Age of Majority and Commitment to Perform.** I am eighteen (18) years of age or older, or I am a minor and having a parent or guardian sign the consent and release provided below. I understand and agree to the volunteer duties that I have signed up for through the City of Greenville.

2. **Volunteer not Employee.** I understand and agree that my volunteer service is in no way an offer of or employment by the City and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration for my participation in my volunteer service. Further I agree to release the City from any and all claims for compensation, reimbursement, or remuneration related to my volunteer service. I also understand and agree that at no time will I be considered or deemed to be an employee of the City, nor am I an agent of City. My service is that of a volunteer.

3. **Services Refused.** I understand and agree that the City may refuse to accept my volunteer service at any time, at City’s sole discretion, and at that point I must stop providing volunteer services and stop holding myself out as a volunteer for City.

4. **Professional Conduct and Assigned Duties.** I agree to act appropriately and in a professional, courteous manner during my volunteer service. I will not misuse City funds, property or materials. I will not leave my volunteer position until a replacement volunteer arrives. I will not switch assignments with another volunteer unless directed to do so by the Volunteer Coordinator. I understand that the City’s Volunteer Coordinator and/or designated staff have the discretion to move or re-assign volunteers, including me, as needed.

5. **Age for Beer and Wine Service.** I understand that only volunteers twenty-one (21) years of age and older may volunteer as beer/wine servers at City sponsored events. I understand this server age requirement and acknowledge that I must be 21 years of age to sign up as a beer/wine server. If I am less than twenty-one (21), I will inform any person who asks me to sell or serve beer or wine that I am disqualified from doing so because of my age.

6. **Alcohol Consumption Prohibited.** I agree not to consume beer, wine, or alcoholic beverages while performing services for the City as a volunteer, and/or while on City property. Any volunteer who appears to be under the influence of drugs or alcohol will be automatically turned away as a volunteer.

7. **Confidential Information.** I understand that during my volunteer service, I may have access to, or may observe, certain information that is proprietary to the City and I hereby agree not to disclose, discuss, or reveal any such information to parties outside of the City and to keep any City records or files, confidential. I also agree to keep any information about persons or businesses that I may observe confidential and not to disclose, discuss, or reveal any such information to anyone other than those involved in my volunteer service with me. I certify that I am – and in the case of parents of guardians
signing for a minor child, my child is in good health, has had no recent known or suspected exposure to a contagious disease, and has had no recent operation or serious illness that would interfere with his/her/my responsibilities as a City Volunteer and/or put me, my child, or others at risk from the performance of volunteer services.

8. **Insurance not Provided by City.** I understand that as a City volunteer, I do not receive from the City of Greenville any medical or workers’ compensation insurance to cover me for injuries, death, or property damages sustained while performing volunteer services. If I believe I need – or my child needs - such insurance, then I am solely responsible for obtaining and/or maintaining such insurance on my own.

9. **Waiver, Release, and Indemnification.** In consideration of being allowed to participate as a volunteer, I hereby waive, release, and hold harmless the City of Greenville, including its officials, officers, and/or employees from and against any and all expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels) for all injuries, including death, damages, and/or losses which I may sustain or suffer as a result of or arising out of my participation in the volunteer service, unless same are caused by the gross negligence or willful misconduct of City; and also agree to indemnify, defend and hold harmless City, its officers, officials, and/or employees from and against any and all liabilities, losses, claims, demands, suits, judgments, causes of action and/or expenses of any kind including reasonable attorneys’ fees resulting from property damage and/or personal injury, including death, resulting or arising from my negligence and/or willful misconduct, while performing volunteer services for the City.

10. **Understanding Acknowledged and Age Attested.** I acknowledge that I have fully informed myself (or my child) of the contents and meaning of this Volunteer Service Agreement, Release, and Indemnification, and I do voluntarily sign it of my own free will and as a condition of being allowed to participate with my volunteer service. Further, by signing this agreement, I attest to the fact that I am eighteen (18) years of age or older, or that I am the parent or legal guardian of a minor volunteer.

11. **Signature of Volunteer if over the age of 18, or of parent or guardian of volunteer who is under the age of 18.**

______________________________
Signature of Volunteer / Parent / Guardian (circle one)  
______________________________
Date
Volunteer, Parent, or Legal Guardian:

I hereby authorize the City of Greenville to take any steps necessary to ensure my health and/or my child’s health in case of an emergency during my or my child’s volunteer service with the City. I understand that the City of Greenville is not responsible for any liability arising out of the Volunteer or Child’s participation in the volunteer work. I also authorize the City of Greenville to use my (and/or my child’s) name, photograph, and/or image for public relations purposes related to the City of Greenville volunteer program.

_____________________________________________
Print Volunteer or Child’s Name

_____________________________________________
Print Name of Parent or Legal Guardian, if applicable

_____________________________________________  _________________________
Signature of Volunteer, Parent, or Legal Guardian  Date
# City of Greenville
Volunteer Service Application

## VOLUNTEER INFORMATION

<table>
<thead>
<tr>
<th>Volunteer Position:</th>
<th>Department:</th>
<th>Date:</th>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>First</th>
<th>Middle Initial</th>
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<tr>
<th>Mailing address:</th>
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<tr>
<th>Email:</th>
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<th>Other Number:</th>
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<table>
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<tr>
<th>Date of Birth:</th>
<th>Month / Day / Year</th>
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<tr>
<th>Signature:</th>
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## PARENT/GUARDIAN/OR LEGAL CUSTODIAN (If applicant is a minor)

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<th>Name:</th>
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<th>Email:</th>
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<th>Other Number:</th>
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My child_____________________________ has my consent to volunteer for the City of Greenville.

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<tr>
<th>Signature:</th>
<th>Date:</th>
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## EMERGENCY CONTACT INFORMATION

In case of EMERGENCY, this person can be reached between the hours of 8:30 a.m. and 5:00 p.m.

<table>
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<tr>
<th>Name:</th>
<th>Relationship</th>
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<table>
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<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
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<th>Email:</th>
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<table>
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<th>Other No.:</th>
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## VOLUNTEER AVAILABILITY

1. On what days are you available to volunteer? (Circle all that apply.)

   Monday       Tuesday       Wednesday       Thursday       Friday       Saturday

2. At what time of day are you available? (Please Circle)

   8:00 a.m. to 5:00 p.m.  8:00 a.m. to 12:00 noon  12 noon to 5:00 p.m.  Evening/Special Events

3. How often can you volunteer? (Please Circle)

   Once a week       Alternating Weeks       Once a month

4. Are you available to volunteer during the school year?  _____Yes  _____No

   After school or weekends?  _____Yes  _____No
GENERAL QUESTIONS

1. Identify special skills and experiences that qualifies you for this volunteer position:

2. List any formal training/certifications you have received relevant to the volunteer position you have applied for:

3. Describe any previous volunteer experience you may have in general and with the City of Greenville specifically:
   Where: ___________________________ As ___________________________ Dates: ______________
   Where: ___________________________ As ___________________________ Dates: ______________

STATEMENT OF VOLUNTEER INTEREST

Please write a brief statement as to what you expect to benefit from participation with the City’s volunteer program.

MEDICAL CONDITIONS

Do you (applicant) have any medical conditions or allergies of which we need to be aware of?
   _____ No _____ Yes. (If yes, please explain):

ADDITIONAL APPLICATION REQUIREMENTS

1. All Volunteers MUST sign a Volunteer Service Agreement, Release, and Indemnification Form (Exhibit B).

2. All Zoo Volunteers working with or around animals MUST provide the City of Greenville proof of a negative TB test given within the last 90 days. This information is required upon application and before a background screen can be processed. TB test information needs to be updated yearly.

3. All Community Center/Recreation Volunteers working with or around children in an indoor setting MUST provide the City of Greenville proof of a negative TB test given within the last 90 days at the time of the drug screen.

HOW DID YOU LEARN ABOUT OUR VOLUNTEER OPPORTUNITIES? (Check all that apply.)

<table>
<thead>
<tr>
<th>City of Greenville:</th>
<th>___Dept. Newsletter</th>
<th>___External Volunteer Organization (Specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>___Website</td>
<td>___Newspaper</td>
<td>___Friend/Family</td>
</tr>
<tr>
<td>___Facebook</td>
<td>___Public Service Announcement</td>
<td>___Other: (Specify):</td>
</tr>
<tr>
<td>___GTV</td>
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