



Ohio State Alumni Club of Central Florida “PAY IT FORWARD” Program

A Gift For Teaching Volunteer Package

We are pleased that you have chosen to volunteer representing the **Ohio State Alumni Club of Central Florida** in support of this award-winning organization, which improves public education by transferring our community’s surplus materials and resources free to teachers for their students in need. We truly believe that you will find your experience to be both enjoyable and rewarding.

Volunteers are the heart and soul of A Gift For Teaching. It takes a team of dedicated volunteers to operate the Free Store and they are always looking for new members. Through AGFT, everyone has the opportunity to recycle goods at the highest level, improve the educational system, and positively impact the lives of local students in need.

Please feel free to contact me, **PAY IT FORWARD Program Manager for Ohio State Alumni Club of Central Florida**, with any questions, suggestions, or concerns: by phone at (407) 407-864-2454 or by e-mail at Chris@CBTeamOrlando.com.

**Thank you so much for volunteering with us and
“Paying it Forward” in Central Florida**

Volunteer Policies to Know Before You Arrive



Dress Code Policy

Due to our concern for your safety and the nature of the volunteer work you will be doing, all volunteers must adhere to a specific dress code:

- Comfortable clothing for physical tasks (bending, lifting, etc.)
- Clothing that you do not mind getting dirty
- Flat shoes that are closed-toe and closed-heel

A Gift for Teaching (AGFT) requires all volunteers to wear closed-toe, closed-heel shoes when they volunteer with us. This policy is for your safety and is mandated by our insurance company.

If you are volunteering and are wearing inappropriate footwear, please understand that AGFT cannot guarantee special accommodations and that you may be unable to participate in its activity. AGFT strictly enforces this policy.

**PLEASE WEAR A RED OHIO STATE SHIRT OR
SHIRT WITH OHIO STATE ON IT**



A Gift For Teaching - Seminole

A program of The Foundation for
Seminole County Public Schools

Volunteer Application

Personal Information

Date: _____

First Name

Last Name

M.

Address

City

State

Zip Code

Home Phone

Cell Phone

Birth Date mm/dd

email Address

Emergency Contact Information

First Name

Last Name

M.

City

State

Zip Code

Home Phone

Cell Phone

Email Address

Relationship

A Gift For Teaching - Seminole
1870 W. Airport Blvd., Sanford, FL 32771
Phone: (407)320-7767 ~ Fax (407) 320-0285
www.foundationscps.org



The undersigned (“Volunteer”), for himself/herself, his/her personal representative, heirs and next of kin, in consideration for being permitted to work as a volunteer for A Gift For Teaching – Seminole (AGFT-S), a program of The Foundation for Seminole County Public Schools. Whether in the Free Store, the warehouse, including any areas where any activity related to events for AGFT-S occur, and other good and valuable consideration the receipt of which is hereby acknowledged, voluntarily and knowingly executes the Release, Waiver of Liability and Indemnity Agreement (“Agreement”), with the express intention of giving a release and indemnification in favor of AGFT-S (including officers, directors, members, agents, servants, employees and assigns) and giving other covenants and warranties as follows:

1. Volunteer, with the intention of binding himself or herself, legal representatives, and assigns expressly releases and discharges AGFT-S from all claims or demands of injury, loss or damage, whatsoever, which volunteer or anyone claiming through or under Volunteer, may have arising from Volunteer’s association with AGFT-S and the teachers who utilize the services and/or facilities of AGFT-S, regardless of whether the injury, loss or damage results from AGFT-S’s negligence or fault. Volunteer expressly assumes any and all risks which may arise during the volunteer work, which may include but is not limited to interacting with the teachers, sorting and organizing donations and stocking shelves, knowing that Volunteer may refuse to perform any activity or task requested. Volunteer further agrees that Volunteer is barred from bringing any claim or demand against AGFT-S for any such injury, loss or damage.
2. By signing this Release, Waiver of Liability and Indemnity Agreement, Volunteer intends to also release the officers and directors of AGFT-S, as set forth above, regardless of whether any injury, loss or damage results from the negligence or fault of the AGFT-S officers and directors.
3. **VOLUNTEER FURTHER EXPRESSLY AGREES AND ACKNOWLEDGES THAT VOLUNTEER HAS CAREFULLY READ THIS AGREEMENT, KNOWS OF ITS CONTENTS, UNDERSTANDS IT, AND VOLUNTARILY SIGNS IT,** and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Print Name _____

Date _____

Signature _____

Parents signature if under 18 _____

Staff Signature _____

Staff Printed Name _____

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Photo and Video Consent, Waiver and Release

For and in consideration of the furtherance of programs of A Gift for Teaching – Seminole, a nonprofit organization of The Foundation for Seminole County Public Schools, that benefit school children in need, (I) (We), the undersigned _____, do hereby consent, authorize and grant permission to A Gift For Teaching – Seminole, its agents, employees or duly authorized representatives to take photographs or video of myself and / or child(ren), and do further consent to publication, circulation and dissemination of said photographs or video or any duplication or facsimile thereof for any purposes it my deem proper.

In granting such permission, (I) (We) hereby relinquish and give to A Gift For Teaching – Seminole, all rights, title and interest (I) (We) may have in the finished pictures, negatives, reproductions or copies, and further waive any and all right to approve the use of such photographs or video and further do waive any right to compensation for the publication or other use of said photographs or video and do release A Gift For Teaching – Seminole , its agents, licensees, representatives and assigns from any and all claims of any nature whatsoever arising from their use.

(Name)

(Signature)

(Childs name if under the age of 18)

(Relationship)

(Home Street Address)

(City, State, Zip)

(Date)

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