

## **San Diego Alpha Foundation & Alpha Phi Alpha (APA) Volunteer Application & Agreement**

*Thank you for your interest in collaborating and connecting with others as a volunteer with the San Diego Alpha Foundation (SDAF) and Alpha Phi Alpha (APA). Volunteers play an integral role in enhancing the lives of the San Diego community. We welcome volunteers with a variety of skills, talents, abilities and interests to participate as an individual, family, corporate or social group. The donation of your time is greatly appreciated and needed to create successful events and programs throughout the San Diego community.*

To volunteer, please complete this volunteer agreement form and submit by December 20<sup>th</sup> to the San Diego Alpha Foundation either by email to [SDMLKparade@sandiegoalphas.com](mailto:SDMLKparade@sandiegoalphas.com), or mail to **P.O. Box 502051, San Diego, CA, 92150.**

**Volunteer Agreement:** As a volunteer I understand that compliance with all of the requirements below are mandatory for participation as a volunteer with SDAF & APA.

1. I agree that the SDAF & APA organizations have my permission to use my name, photographs and or videos of me to promote the organization.
2. I will inform a SDAF &/or APA organization Volunteer Coordinator of any previous injuries that may affect my ability to safely complete volunteer tasks, including lifting.
3. I understand that I must carry my own health insurance. I will not hold SDAF & APA organizations responsible for any unforeseen injuries or problems that may occur during volunteer duties.
4. I understand I may not initiate or engage in any media/public event pertaining to the organization, without direct approval from the organization. Requests for media engagements will be referred directly to the appropriate staff person or Volunteer Coordinator.
5. I understand that the terms listed above are not all-inclusive and may be updated, as needed.

Be Advised, San Diego Alpha Foundation (SDAF) & Alpha Phi Alpha Fraternity, Inc. (APA), its agents, representatives, employees, officers, directors, and all other persons, associated whatsoever with San Diego Alpha Foundation & Alpha Phi Alpha Fraternity, Inc., neither accepts liability for any injury and/or damages associated with the "event" known as the "Annual Martin Luther King, Jr. Parade." As such, the undersign hereby releases, acquits and forever discharges San Diego Alpha Foundation & Alpha Phi Alpha Fraternity, Inc., its agents, representatives, employees, officers, directors, and all others associated with San Diego Alpha Foundation & Alpha Phi Alpha Fraternity, Inc., whatsoever, from any and all claims, demands, actions, causes of action, damages, costs, loss of services, expenses, and compensation on account of, or in any way growing out of any and all known and unknown, existent or non-existent losses, damages or detriment, for or because of any manner or thing done, omitted or suffered, but not limited to, all matters involving, arising out of, or in any way connected with the identified "event" known as the "Annual Martin Luther King, Jr. Parade".

**San Diego Alpha Foundation (SDAF) & Alpha Phi Alpha (APA)  
Volunteer Application & Agreement**

Full Name: \_\_\_\_\_ Are you 18 years or older? \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Have you ever volunteered with us before? \_\_\_\_\_

If yes, what year & duties? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Previous Volunteer Experience**

Please list your previous volunteer experience, including date, duration, position, and agency/organization. (Please include committee and/or board of director experience).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Volunteer Duties Preference (Mark with an X):**

Organize participants "Staging"\_\_\_\_, Traffic Control\_\_\_\_, Sanitation/Trash\_\_\_\_, Pacers on route\_\_\_\_,

Time Keeper (@ stage)\_\_\_\_, Registration Table\_\_\_\_, Create Line Up\_\_\_\_ Water/Snack Runner\_\_\_\_

Royal Court Chaperone\_\_\_\_, Other\_\_\_\_\_

**Voluntary Application Data**

Educational Background: \_\_\_\_\_ Current Occupation: \_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_

**T-Shirt Size:** S\_\_\_\_ Med.\_\_\_\_ Lrg.\_\_\_\_ XL\_\_\_\_ XXL\_\_\_\_ XXXL\_\_\_\_\_

**San Diego Alpha Foundation (SDAF) & Alpha Phi Alpha (APA)  
Volunteer Application & Agreement**

**Volunteer**

1. No Employment Relationship: Volunteer, in performance of services under this Agreement, is acting as a volunteer, and will not be considered an employee of SDAF & APA organizations for any purpose. It is not the parties' intent, and nothing herein shall be construed, to create between Volunteer and SDAF & APA organizations the relationship of employer/employee, partners, or joint ventures. Volunteer is engaged in an independent business, separate and apart from SDAF & APA organizations, and as such has the right to control the manner, method, and means by which Volunteer's work is performed. Corporation shall not have the right to, nor shall SDAF & APA organizations in fact control the manner, method, or means by which Volunteer provides services. SDAF & APA organizations only has the right to control Volunteer as to the identification of duties and results desired. Volunteer shall report to **registration table** on the day of event or as otherwise needed.
  
2. No Employment Benefits: Volunteer understands and agrees that Volunteer is not entitled to receive any of SDAF & APA organizations benefits. SDAF & APA organizations are not responsible for payment of workers' compensation, disability or other similar benefits, unemployment or other insurance, or for withholding income or other similar taxes or Social Security tax for Consultant; such responsibility shall be solely that of the Volunteer.

**Confidentiality: Volunteer / Independent Consultant is subject to the following confidentiality provisions:**

1. Confidential Information: During the Term, and after termination of this Agreement for any reason, Volunteer agrees to keep confidential, not to disclose to any third party, and (except for the exclusive benefit of SDAF & APA organizations in performing Volunteer's duties) not to use any Confidential Information. Volunteer agrees that all Confidential Information is and shall remain the exclusive property of SDAF & APA organizations or assignee of SDAF & APA organizations. For purposes of this Agreement, "Confidential Information" includes: (i) trade secrets and other confidential and proprietary information of SDAF & APA organizations and its affiliates; SDAF & APA organizations earnings and other financial information; SDAF & APA organizations marketing methods and related data; and compensation paid to employees and other terms of agreements, (ii) any written information marked "confidential", and/or (iii) all information identified by SDAF & APA organizations to be confidential when disclosed, or identified as confidential before that Confidential Information has been disclosed, to Volunteer.
  
2. Return of Materials: Promptly upon the termination of this Agreement for any reason, and in any event within five days after request by SDAF & APA organizations, Volunteer shall return to SDAF & APA organizations all Confidential Information and all copies thereof, and all memorandum, notes, and any other material prepared by Volunteer based upon Confidential Information.

**Entire Agreement:** This Agreement sets forth the entire agreement and understanding of the parties relating to SDAF & APA organizations retention of Volunteer and merges all prior and contemporaneous discussions and agreements between them. This Agreement may not be modified except in writing and signed by the parties. Both parties represent and acknowledge that they have read and understood this Agreement, and that they have executed this Agreement voluntarily and without duress.

Agreed to by the following:

**Volunteer Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# San Diego Alpha Foundation (SDAF) & Alpha Phi Alpha (APA) Volunteer Application & Agreement

## CONSENT FORM FOR MINORS

DATE: \_\_\_\_\_

*Children under the age of 18 must have parent/legal guardian consent to volunteer with SDAF & APA organizations.*

We appreciate your child's interest in volunteering with SDAF & APA organizations. It is our policy that a Consent Waiver of Liability Form be signed by a parent or guardian of volunteers under the age of 18. Please acknowledge your consent and agreement to the following by signing below.

Volunteers under 18 who are not accompanied by a parent or legal guardian are required to bring a signed waiver to the Volunteer Coordinator prior to attending the Volunteer Training and or Volunteer Activity. Without it, the minor will not be able to attend the group training or volunteer activity until the waiver has been submitted.

I understand that my minor child \_\_\_\_\_ is volunteering with the SDAF & APA organizations, a nonprofit charitable organization in San Diego, CA. I attest that I am over 18 years of age and that I have legal authority to execute this agreement on his/her behalf. I attest that my child or ward is prepared to volunteer and able to commit to the volunteer job description. I grant full permission ("Releases") for SDAF & APA organizations and volunteers, to use photographs, videos, and audio of my child or ward, and quotations from my child in accounts, promotions and publications of his/her volunteer work. I hereby waive my right in publicity in connection with such uses.

In connection with my child or ward's voluntary involvement in activities for SDAF & APA organizations, I hereby agree, for me and my child or ward, our heirs, assigns, executors and administrators to release and discharged SDAF & APA organizations from any and all claims, demands and actions for injuries sustained by my child or ward and/or damages to or destruction, loss or theft of my property of my child or ward and to the property of others as a result of my child or wards involvement in such activities, whether or not resulting from my child or ward's negligence of any other individual, or from accidents without negligence, or from the actions of other individuals.

And I agree to release and hold SDAF & APA organizations harmless from any cause or actions, claim or suit arising from. I attest that my child or ward's attendance and involvement is fully voluntary, that I am allowing my child or ward to participate at his or her own risk, and that I have read the foregoing terms and conditions of this document. By signing below, I am agreeing to all stipulations as stated above.

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Minor's Birthdate

\_\_\_\_\_  
Age

\_\_\_\_\_  
Parent or Legal Guardian's Name

\_\_\_\_\_  
Parent or Legal Guardian's Signature

San Diego Alpha Foundation (SDAF) is a 501(c) (3) nonprofit organization