



**BROOKLAND-LAKEVIEW
EMPOWERMENT CENTER**

Empowerment is the key.

1218 Batchelor Street West Columbia, S.C. 29169 (803) 744-7943

**Brookland-Lakeview Empowerment Center
VOLUNTEER APPLICATION AND AGREEMENT**

Name _____ Birthdate ___/___/___

Address _____

City _____ State _____ Zip Code _____

Phone Number(s) __ (____) _____ __ (____) _____

Do you have a valid Driver's license? Yes No Driver's license # _____

E-Mail Address: _____

Which areas are you interested in volunteering? _____

STEAM Program Information Facilitator or Seminars Senior Program Kitchen Summer Feeding

Please indicate your availability (Center hours are 8 a.m. to 5 p.m.)

Monday From: _____ To: _____

Tuesday From: _____ To: _____

Wednesday From: _____ To: _____

Thursday From: _____ To: _____

Friday From: _____ To: _____

Emergency Contact Information

Name _____ Relationship _____

Phone Number(s) __ (____) _____ __ (____) _____

E-Mail Address _____

Medical Information

Any medical information that may be helpful in the event of an emergency: (i. e. medications, heart problem, diabetes, allergies, food sensitivities):

RELEASE: As a volunteer I recognize that programs involving physical activity have inherent risks of Injury and /or damage and I assume all such risks, as well as the responsibility to be fully aware of the inherent risks. BLEC an its employees and volunteers will not be liable for injury or damage that occurs as a result of such risks, and I waive and release the BLEC and its employees and volunteers from any such liability. I also grant full permission to the BLEC to use my name, photograph, videotape or recording for any publicity promotion purposes without obligation or liability.

Signature: _____ Date: _____