



Complete and Email Form to:

support@cleanupaiken.org

Or Mail to: PO Box 7113

Aiken, SC 29804

VOLUNTEER INFORMATION FORM

Date* _____

Name* _____
(Please Print)

Email* _____

Phone* _____

Aiken County Council District Area # _____
(Refer to Aiken County Council District Info (Map))

Signature* _____

Emergency Contact Information	
In Case of Emergency - Please Contact the Following Person:	
Name*	_____
Phone*	_____
Relationship *	_____

* = Indicates Required Information

Important Notice: The Minimum Age to Volunteer with Clean Up Aiken! Inc. for Roadside Pick-up is 16.years of age.

* Persons 16 years to 20 years of age must be accompanied by a Parent/ Legal Guardian/ and/or Sponsor.



Name* (Print) _____

Phone* _____

I am interested in (Check the Following)

Joining a Trash Team at Any Upcoming Events

Please add my name to your contact list for Any Possible Aiken County Clean-Ups Location

Joining a Trash Team in my County District/ Area.

Please add my name to your Contact list for Clean-Ups in my close area/ location.

in becoming a District Captain to help facilitate Clean-Ups in my area.

in becoming an Action Volunteer.

Please Check / Indicate any areas where you have experience and/or skill:

___ Fundraising

___ Communications/Social Media

___ Grant Writing

___ Photography/Video

___ Other _____

List /Explain:



Release and Waiver of Liability

This Release & Waiver of Liability is executed this day by the signee in favor of Clean Up Aiken!, a nonprofit corporation, and its directors and agents.

Assumption of Risk

Volunteer understands that the Activities may involve work that may be hazardous, including, but not limited to, trash collection that contains glass, liquids

Release & Waiver

Volunteer does hereby release and forever discharge and hold harmless Clean Up Aiken!

Date* _____

Name * _____

(Please Print)

Signature* _____

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