



SAVE AFRICAN FOUNDATION

VOLUNTEER APPLICATION

Contact Information		
First Name	Last Name	Date
Field(s) of Specialty <input type="checkbox"/> General Surgeons <input type="checkbox"/> Med/Surgical Nurses <input type="checkbox"/> Nurse Anesthetist <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> General Administration <input type="checkbox"/> Videographer/Photographer <input type="checkbox"/> Other		
If other, please specify		
Primary Phone	Secondary Phone	
Languages Spoken (Besides English)	Email	
Mailing Address		
City	State	Zip Code
Country	Birth Date	
Emergency Contact		
Full Name	Phone Number	
Additional Information		
Previous volunteer experience		
Special skills/interests/qualifications		



SAVE AFRICAN FOUNDATION

DISCLAIMER

This release and waiver of Liability releases Save Africa Foundation Inc. a non-profit organization existing under the laws of the State of Tennessee and Ghana and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Save Africa Foundation Inc..

1. Volunteer understands that the scope of Volunteer's relationship with Save Africa Foundation Inc. is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Save Africa Foundation Inc. will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Save Africa Foundation Inc..

Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Save Africa Foundation Inc. and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Save Africa Foundation Inc.. I understand and acknowledge that this Release discharges Save Africa Foundation Inc. from any liability or claim that I may have against Save Africa Foundation Inc. with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Save Africa Foundation Inc. or occurring while I am providing volunteer services.

2. Insurance: Further, I understand that Save Africa Foundation Inc. does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim or compensation or liability on the part of Save Africa Foundation Inc. beyond what may be offered freely by Save Africa Foundation Inc. in the event of such injury or medical expenses incurred by me.

3. Medical Treatment: I hereby Release and forever discharge Save Africa Foundation Inc. from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with any emergency during my tenure as a volunteer with Save Africa Foundation Inc..

4. Assumption of Risk: I understand that the services I provide to Save Africa Foundation Inc. may include activities that may be hazardous to me. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release Save Africa Foundation Inc. from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.

5. Photographic Release: I grant and convey to Save Africa Foundation Inc. all right, title and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Save Africa Foundation Inc. in connection with my providing volunteer services to Save Africa Foundation Inc..

6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee and Ghana and that this Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee and Ghana. I agree that in the event that any clause of provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected. I understand that this Release and Waiver of Liability will remain in effect until revoked in writing by me. By signing below, I express my understanding and intend to enter into this Release & Waiver of Liability willingly & voluntarily.

Signature

1673 NORTH ROYAL STREET
JACKSON, TN 38301 USA
Email: info@saveafricafoundation.org

Date

21 Oyantis Street,
Ashale Botwe, Accra
P. O. Box CT 6631, Cantonment, Accra