



## HIGH SCHOOL STUDENT REGISTRATION FORM

Tel: (671) 300-4599 - Email: [sgc.volunteer@dol.guam.gov](mailto:sgc.volunteer@dol.guam.gov) - Website: [dol.guam.gov](http://dol.guam.gov)

YES	NO	<b>Please check mark:</b>
		Do you require Service Learning hours?
		Are you a person with disabilities and/or in need of access and functional services?
		Have you been an AmeriCorps member? How many terms? <input type="text"/>

**Please Check ONE of the following in EACH section:**

What is your expected graduation year?

How old are you?

Gender:     Male     Female

**What GDOE high school do you currently attend?**

NAME:

DOB:

MAILING ADDRESS:

HOME ADDRESS:

PHONE / CELL:

E-MAIL:

**PLEASE CHECK MARK FOCUS AREAS OF VOLUNTEER INTERESTS:**

Education	Environmental Stewardship	Economic Opportunity	Disaster Services
Healthy Futures	Veterans & Military Families	Capacity Building:	Volunteer Recruitment & Retention and Volunteer Management

**Recruited by?**

**SERVE GUAM COMMISSION VOLUNTEER CENTER**  
Event Name and Location:

DATE:

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**SERVE GUAM COMMISSION/GUAM VOLUNTEER CENTER/ AMERICORPS  
PARTICIPATION, WAIVER, AND RELEASE OF LIABILITY  
FORM AND ACKNOWLEDGMENT AND ASSUMPTION OF RISK**

In consideration of being allowed to participate in the below described activity, I, \_\_\_\_\_ hereby release, waive, discharge, and covenant not to sue GovGuam, Serve Guam Commission/Guam Volunteer Center, AmeriCorps Programs & any other organizations involved from all liability to myself, to my personal representatives, assigns, heirs and next of kin, for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property of myself, by reason of accident, illness, injury, death, or other consequences arising or resulting directly or indirectly from participation in community service projects offered by GovGuam, Serve Guam Commission/Guam Volunteer Center, AmeriCorps Programs & any other organizations involved.

I voluntarily elect to participate in this activity and give permission to Serve Guam Commission/Guam Volunteer Center, AmeriCorps Programs and any other organizations, agencies, and businesses involved to include information from my registration form in Serve Guam Commission’s volunteer database. I also grant permission for Serve Guam Commission to invite and/or contact me when future volunteer opportunities arise related to my focus areas of interests. In participating in this activity/event, I am aware that there may be potential dangers involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death. GovGuam, Serve Guam Commission/Guam Volunteer Center, AmeriCorps Programs & any other Organizations involved and the Territory of Guam asserts lack of responsibility or liability resulting from participation in this activity.

**Waiver of Liability and Indemnification:**

In consideration for being allowed to voluntarily participate in the above-referenced activity, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:

- a. Waiver release and discharge GovGuam, Serve Guam Commission/Guam Volunteer Center, AmeriCorps Programs & any other organizations involved, the Territory of Guam, its agencies, officers and employees from any and all negligence and liability for my death disability, personal injury, property damage, property theft or claims
- b. Indemnify, save, and hold harmless GovGuam, Serve Guam Commission/Guam Volunteer Center, Programs & any other organizations involved, the Territory of Guam and its agencies, officers, and employees of, from and against any and all claims of any nature including all costs, expenses, and fees arising out of or resulting from my actions during this activity or event.

I hereby consent to receive emergency medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

***BY SIGNING THIS RELEASE AND WAIVER OF LIABILITY, THE UNDERSIGNED IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES AND ACCEPTS ANY AND ALL RISKS OF INJURY ASSOCIATED THEREBY.***

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and GovGuam, Serve Guam Commission/Guam Volunteer Center, and AmeriCorps Programs, and I have signed of my own free will. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

If under 18 years of age, signature of parent or guardian is required.

PRINT NAME/ SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

PRINT NAME/ SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

Program Director/GVC Program Officer Date: \_\_\_\_\_

**SGC\_Standard Operating Procedures – Process Instructions:**

- Step: 1: Volunteer to fill out Waiver, and Release of Liability Form, Submit eCopy of documents to SGC of compliance.
- Step: 2: Program Director to file Waiver, and Release of Liability Form, submit eCopy of documents to SGC of compliance.
- Step: 3: SGC to review for compliance, stamp, date and sign.