

KAPPA LAMBDA PSI SORORITY, INC.

VOLUNTEER SERVICE FORM

Volunteer Eligibility: Kappa Lambda Psi Sorority, Inc. accepts volunteers who are 30 years of age or older. By completing this form, you confirm that you meet the minimum age requirement.

1. VOLUNTEER INFORMATION

Full Name

Date of Birth

Street Address

City / State / ZIP

Phone Number

Email Address

2. AGE ELIGIBILITY CONFIRMATION

☐ I certify that I am 30 years of age or older and meet the volunteer age requirement.

3. EMERGENCY CONTACT

Emergency Contact Name

Relationship

Phone Number

4. AVAILABILITY

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Saturday

☐ Sunday

☐ Flexible

Preferred Time:

☐ Morning

☐ Afternoon

☐ Evening

5. VOLUNTEER INTERESTS

☐ Literacy events / reading programs

☐ Book drives & book exchanges

☐ Children & youth activities

☐ Community outreach

☐ Fundraising

☐ Event setup / breakdown

☐ Registration / guest services

☐ Food / hospitality

☐ Marketing / social media

☐ Administrative support

☐ Photography / media

☐ Other

6. SKILLS & EXPERIENCE

List special skills, certifications, professional experience, languages, or community service experience.

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7. VOLUNTEER EXPECTATIONS & ACKNOWLEDGMENT

As a volunteer, I agree to conduct myself respectfully and professionally while representing or assisting Kappa Lambda Psi Sorority, Inc. I will follow event instructions, maintain appropriate boundaries, protect confidential information, and treat participants, members, guests, and fellow volunteers with dignity. I understand that volunteer assignments may be changed or ended when necessary for safety, conduct, staffing, or organizational needs.

- ☐ I agree to follow all safety rules and instructions provided by event leadership.
- ☐ I understand that I may not represent myself as an officer, member, or official spokesperson unless authorized.
- ☐ I will promptly report any accident, injury, safety concern, or inappropriate conduct to event leadership.
- ☐ I understand that volunteer service is unpaid unless a separate written agreement states otherwise.

8. PHOTO / MEDIA PREFERENCE

- ☐ I give permission for photographs/video to be used for community outreach, website, social media, or promotion.
- ☐ I do NOT give permission for my image to be used in promotional or social media materials.

9. RELEASE & ASSUMPTION OF RISK

I understand that volunteer activities may involve ordinary risks associated with community events, setup, travel within event areas, lifting, outdoor activities, or interaction with the public. I voluntarily participate and agree to use reasonable care for my own safety and the safety of others. To the extent permitted by law, I release Kappa Lambda Psi Sorority, Inc., its officers, members, event partners, and volunteers from claims arising from ordinary risks of my voluntary participation, except where prohibited by law or resulting from conduct that cannot legally be waived.

10. VOLUNTEER SIGNATURE

Volunteer Signature (type full name)

Date

Printed Name

Phone Number

FOR KAPPA LAMBDA PSI USE ONLY

Event / Program

Event Date

Volunteer Assignment

Total Hours

Verified By

Date Verified