



Volunteers in Action MEMBERSHIP FORM

Volunteers are the heart of Palmetto Health Foundation. Being a member of Palmetto Health Foundation's Volunteers in Action (ViA) will give you the opportunity to build new relationships that will help foster a better understanding of Palmetto Health Foundation's mission within the community.

The Foundation offers a variety of volunteer opportunities. Volunteers can work on the front lines at a fundraising event or behind-the-scenes folding T-shirts.

As a ViA, you can devote as much time as you wish to any of our fundraising events. Your commitment will bring many rewards!

Mr. Ms. Mrs. Miss Other _____

Name _____

Address _____

City/State/ZIP _____

Phone (home) _____ (work) _____ (cell) _____

Email _____

Birthday _____ T-shirt Size (Sizes range from XS-3X) _____

Employer _____ Spouse/Significant Other _____

Please check the volunteer opportunities you're interested in.
For fundraising event details, please visit PalmettoHealthFoundation.org.

- B106.7FM Children's Hospital Radiothon
- Festival of Trees
- McDaniels Golf Classic
- Walk for Life/Race for Life
- KEMOPALOOZA
- Children's Miracle Network Hospitals events

How did you hear about Palmetto Health Foundation's volunteer opportunities?

- website
- Facebook
- Twitter
- Palmetto Health Foundation communications
- Palmetto Health communications
- Friend or other ViA member

Confidentiality and Liability Agreement

I hereby agree to exercise good faith and to protect donor information and monetary transactions/aquisitions on behalf of Palmetto Health Foundation. I agree not to use any information/knowledge gained for my personal benefit or for the benefit of others. I also give full permission for the use of my name and photograph taken in connection with Palmetto Health Foundation and related events.

I hereby remise, release and forever discharge Palmetto Health Foundation from, and agree to indemnify Palmetto Health Foundation against any liability, cost or expense resulting from any and all actions, causes of action, claims and demands which we might otherwise have in respect of any injury, damage or loss that we might suffer.

Signature _____ Date _____

CONNECT WITH ViAs!

Find out more about Volunteers in Action!

ViAs@PalmettoHealth.org | 803-434-4674