



**While volunteering my services at the Historic Columbia Foundation, I hereby consent to the use of visual images taken of me at the historic houses or any of the special events, for the purpose of advertising, promoting, recording, offering the benefits of, or teaching about the facilities or services of the Historic Columbia Foundation.**

**I need not inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied.**

**I understand that if accepted as a volunteer at the Historic Columbia Foundation I will be provided with orientation and training necessary for safe and responsible performance, a copy of the job description for my volunteer position, and I will be expected to meet all the requirements of the description including regular attendance and adherence to all agency policies and procedures. I will perform the specified duties to the best of my ability.**

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**Volunteer Signature**

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**Date**

**IF VOLUNTEER IS UNDER 18 YEARS OF AGE, THE PARENT OR GUARDIAN MUST SIGN BELOW.**

**I affirm that I am the parent/guardian of the above named volunteer. I have read all of the preceding information and consent to their participation.**

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**Name (print)**

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**Signature of Parent/Guardian**

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**Date**

**Please return to Volunteer & Visitor Services, Historic Columbia Foundation, 1601 Richland Street, Columbia, SC 29201  
Phone: 803-252-1770 Ext. 24 e-mail: [aposner@historiccolumbia.org](mailto:aposner@historiccolumbia.org) FAX: (803) 929-7695**