



VOLUNTEER APPLICATION

Personal Information

Date: _____ Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Occupation: _____

E-Mail Address: _____ Birth date: ____/____/____

T-Shirt Size: _____ Are you currently a member of Chehaw? Yes/No

If yes, what level? _____ How did you hear about us? _____

Have you ever been convicted of a misdemeanor or felony in the last 7 years? Yes/No If yes, please explain:

What are your interests as a volunteer? (Please circle all that apply) :

- Education (programs, summer camp, animal care)
- Animal Care Guest Service (Gift Shop, Concessions, administrative)
- Camping (assist host camper, storytelling, campfires)
- Maintenance (painting, park beautification, maintenance) Natural Resources (landscaping, planting, burning)
- Special Events (ticket taking, parking, set up, crowd control)

You understand that, if selected for a volunteer position, you are required to attend and complete all necessary training sessions for that position? Yes/No

ACKNOWLEDGMENT The information in this application is true and complete, and I have not knowingly withheld any information. I understand that misrepresentation may be cause for dismissal. I authorize verification of all information contained in this application. I understand that as a volunteer at Chehaw, I will be expected to demonstrate a commitment to uphold the mission of the organization, to maintain an environment of integrity for people and for animals, and to focus on customer service, with respect for all employees, volunteers and guests.

As a volunteer at Chehaw, I agree to follow all Chehaw guidelines and policies. In addition, I give consent to Chehaw to emergency medical attention in the event that I am not able to give consent, nor my emergency contacts are available. I agree that the Chehaw may conduct a background check at its discretion. I am aware that Chehaw has the right to release me from service at any time, just as I have the right to withdraw from volunteer service at any time.

Participant Signature

Parent or Legal Guardian Signature
(If under 18)

Today's Date



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This information is intended for internal use only

While volunteering for Chehaw, the work may involve long hours, adverse weather conditions and possibly physically demanding work.

It is essential to know about any health problems you have, or have had in the past, and any medication you are taking. This is for your safety, and allows us to help with any health problems you may have while at Chehaw. It also allows Chehaw (where reasonably possible) to adapt the work or work environment if necessary.

This job may involve the following:
Exposure to dust, noise, dander, plant material
Exposure to weather (sun, cold, or rain)
Handling or preparing food

About Your Health

The answers to these questions will give some understanding of whether you will be capable of undertaking your work tasks, and to allow your supervisor an opportunity to adjust, if practically possible, work to suit your particular needs. If you answer **YES** to any of the questions this does not necessarily mean that you will not be able to volunteer for Chehaw.

Do you have or have you ever had:

	No	Yes
Fits, blackouts, epilepsy, fainting attacks		
Head injuries, severe frequent, or prolonged headaches or migraines		
Hay fever or chest problems, including asthma, bronchitis, pleurisy, unexplained breathlessness, Tuberculosis, persistent cough		
Any heart disease or high blood pressure		
Eye disease or defect of vision including color vision		
Ear conditions, e.g. discharge, infections, hearing difficulties, or loss of balance		
Restriction of movement or pain in your back or neck		
Arthritis, rheumatoid arthritis, slipped discs, joint pains		
Skin conditions, including eczema, dermatitis, psoriasis, acne		
Allergies to any substances including plants, medications, other		

If you answered **YES** to any of the questions please give further details below:



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In consideration for being accepted as a volunteer by Chehaw, I agree as follows:

1. **At Will Relationship:** Even though I have made a commitment to serve as a volunteer, I understand that my status as a volunteer may be terminated at any time by, or by Chehaw for any reason, with or without cause. In such event, I will return all Chehaw property in my possession to my Chehaw supervisor, and any programs and educational materials that I have developed will remain the property of Chehaw.
2. **Training:** I understand that certain volunteer activities require special training. I shall not undertake such activities without the required training. I also understand that my volunteer activities will not qualify me as an employee and will not lead to a paid position.
3. **No Employee Benefits:** I shall not be considered an employee for any purpose, and no health, accident or workmen's compensation insurance, nor any other type of employee benefits, shall be provided for me by Chehaw.
4. **Rules:** I shall read and abide by all of the Bylaws, Rules, and Guiding Policies of Chehaw concerning my volunteer position.
5. **Vehicles:** I shall not operate a personal vehicle for volunteer activities unless I have at least the minimum amount of liability insurance required by Georgia law and a valid Georgia driver's license. I shall not operate any Chehaw vehicle without permission from a Chehaw official. I shall not operate any Chehaw vehicle that requires a driver's license without having a valid Georgia driver's license.
6. **Confidential Information:** I understand that information obtained through my work as a volunteer may be considered as privileged or proprietary information by Chehaw. I agree to keep all such information confidential except to the extent of disclosure of such information is expressly authorized and directed by an official of Chehaw. In particular, I agree to make no statements or release any information about Chehaw to any news media except as expressly authorized by Chehaw. I understand that all pictures taken of me in my capacity as a Chehaw volunteer may be used in publications and in the media by Chehaw; however, Chehaw will not release any of my personal information, other than my name and volunteer position, without my permission.
7. **Assumption of Risk:** I understand that handling animals is potentially dangerous because their actions are unpredictable regardless of past behavior. If my volunteer position permits and I elect to handle animals after completing all required training, I assume all risks of handling animals including, but not limited to, being bitten, clawed, or otherwise injured.
8. **Release of Liability and Indemnity Agreement:** I, the undersigned, for good and valuable consideration, the receipt of which is hereby acknowledged, releases and discharges the Chehaw Park Authority, the City of Albany and their agents, employees, officers and assigns from any and all causes of action, claims, demands and damages, known and unknown arising out of or being a consequence of my activities as a volunteer. Further, I do hereby agree to indemnify and hold the Chehaw Park Authority and the other parties designated above harmless from any and all derivative claims, expenses and fees which might arise out of my efforts as a volunteer, said indemnity to include but not be limited to attorney's fees and expenses of litigation.

(Name)

(Driver's License – State & Number)

(Signature)

(Date)



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In case of emergency, notify:

(Name)

(Relationship)

(Phone Number)

If Volunteer is under 18, one or both parents or legal guardians must sign below:

(Parent Name)

(Parent Signature)

(Parent Name)

(Parent Signature)

(Witness Signature)

(Date)