



# Adult Volunteer Application

Reporting Department/Area:	Supervisor of Volunteer:	Starting Date:	Ending Date:
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**Volunteer's Information:**

First Name:	Middle Name:	Last Name:	
Address:	City:	State:	Zip:
Social Security No. (if required for background checks):	Date of Birth:	Email Address:	
Primary Phone:	Alternate Phone:	Other Phones:	
Have you ever been convicted of a felony?  <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Please explain and list dates:	
Do you currently have a valid driver's license (To Drive In Volunteer Role)?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, supply license number and valid dates:		Do you currently have a valid GA commercial driver's license?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, supply license number and valid dates:	

**Education:**

High School Attended:	College Attended:	Highest Degree Awarded (when & where):
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In connection with your application to volunteer with Abraham Baldwin Agricultural College you understand that consumer reports or investigative consumer reports may be requested about you including information about criminal record and sexual offender status and may involve public record or various federal, state, or local agencies. If your duties involve significant fiscal oversight, we will conduct a credit check.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

\_\_\_\_\_  
Applicant's Signature and Date

***When complete please send this two-page application to:  
Georgia Museum of Agriculture and Historic Village,  
1392 Whiddon Mill Road, Tifton, GA 31793  
Attention: Lynn McDonald, Volunteer Coordinator  
229-391-5223 lmcdonald@abac.edu***



# Volunteer Application Form

## Release and Waiver of Liability

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS.**

This Release and Waiver of Liability (the "Release") is executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
(DAY) (MONTH) (YY)  
\_\_\_\_\_ on behalf of Abraham Baldwin Agricultural College (ABAC)  
(Full Name)

The Volunteer desires to work as a volunteer for ABAC and to engage in the activities related to being a volunteer. The volunteer understands that the activities may include a variety of skills and physical exertion.

The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

**1. Waivers and Release.** Volunteer does hereby release and forever discharge and hold harmless ABAC and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for ABAC.

Volunteer understands and acknowledges that this Release discharges ABAC from any liability or claim that the Volunteer may have against ABAC with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for ABAC whether caused by the negligence of ABAC or its officers, directors, employees, agents, volunteers, or otherwise. Volunteer also understands that, except as otherwise agreed to by ABAC in writing, ABAC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

**2. Medical Treatment.** Except as otherwise agreed to by ABAC in writing, Volunteer does hereby release and forever discharge and hold harmless ABAC and its successors and assigns from any and all liability or claims which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's work for ABAC.

**3. Assumption of Risk.** The Volunteer understands that the work for ABAC may include activities that may be hazardous to the volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from work sites. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases ABAC from all liability for injury, illness, death or property damage resulting from the activities the Volunteer performs on behalf of ABAC.

**4. Insurance.** The Volunteer understands that, except as otherwise agreed to by ABAC in writing, ABAC does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

**5. Photographic Release.** Volunteer does hereby grant and convey unto ABAC all rights, title, and interest in any and all photographic images and video or audio recordings made by ABAC during the Volunteer's work for ABAC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

*I certify that this information is true and accurate to the best of my knowledge, and I release and hold harmless Abraham Baldwin Agricultural College, for any inaccuracy or misrepresentation.*

**Volunteer:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian (if under 18):** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Official Use Only</b>	
<b>Authorized By:</b>	
_____	_____
(Signature)	(Date)