



Parent Packet  
Youth Volunteer Application

**Table of Contents**

<a href="#"><u>Youth Volunteer Overview</u></a>	<a href="#"><u>p. 2</u></a>
<a href="#"><u>Parent/Guardian Information</u></a>	<a href="#"><u>p. 4</u></a>
<a href="#"><u>Pick-Up Authorization</u></a>	<a href="#"><u>p. 5</u></a>
<a href="#"><u>Participant Code of Conduct</u></a>	<a href="#"><u>p. 6</u></a>
<a href="#"><u>Participation Agreement and Waiver Form</u></a>	<a href="#"><u>p. 7</u></a>
<a href="#"><u>Photo and Media Release</u></a>	<a href="#"><u>p. 9</u></a>
<a href="#"><u>Medical Information Form &amp; Authorization for Medical Care</u></a>	<a href="#"><u>p. 10</u></a>
<a href="#"><u>Notice of Exemption</u></a>	<a href="#"><u>p. 11</u></a>
<a href="#"><u>Notice of Free Program</u></a>	<a href="#"><u>p. 11</u></a>



## Parent Packet Youth Volunteer Application

### Youth Volunteer Overview

Thank you for your interest in the GMA's Youth Volunteer Program! This volunteer program is open to young adults between the ages of 13 and 17. The program benefits both the participants and ABAC's Georgia Museum of Agriculture. The program is designed to offer youth an opportunity to learn about the past, gain hands-on experience for the professional work environment, and prepare them to take an active role in volunteering. Along the way, youth volunteers make new friends, discover new skills, and have countless fun memories. We do require hard work and excellent behavior from our youth. In return, we aim to make great young people even better through the GMA's unique and enriching cultural environment.

To be selected as for the program, youth must submit a brief application. Youth volunteers may work in all areas of the Museum grounds. Examples include:

- **Historic Village:** Youth in historic costume demonstrate life of the time period. Youth may care for livestock at the farm, assist with interpreting historic sites for guests, learn crafts and/or trades, or help maintain gardens.
- **Vulcan Steam Train** and related areas: Youth help load and unload guests from the train. They will ensure safety precautions are taken by all guests and staff during the train ride. There will be opportunities to serve as a conductor on the train.
- **Children's Activities:** Youth assist with sessions of Camp Wiregrass during the summer, or demonstrate crafts and games of the 19<sup>th</sup> century.

Each youth volunteer typically works in several, though not all, of the above areas. Costumes will be required for various activities throughout the program. The GMA does have historic clothing that can be borrowed; however, we do recommend youth purchase or make their own as well. We have patterns available for those that wish to make their own costume.

Throughout the year, youth assist with special events such as the Folklife Festival, Trick or Treat in the Village, Freedom Festival, and North Pole Express. They might also work behind the scenes helping with tasks such as preparing crafts for future exhibits and cleaning artifacts. Youth volunteers may also participate in media initiatives such as commercial shoots and outreach programs.

GMA will offer a series of both mandatory and voluntary training sessions for the youth volunteers covering a range of topics including crafting, gardening, 19th-century life, guest service, professionalism and more. We will also take at least one field trip to another museum or historic site.



## Parent Packet Youth Volunteer Application

Participants must work a minimum of 60 hours per year. Most students achieve this by volunteering in June and July and then volunteering for at least four of our special events throughout the year. During the summer, youth volunteers typically volunteer from **9:00 am – 2:00 pm on Wednesdays or Thursdays**. Our schedule varies slightly in the spring and fall, and some special programs do occur in the evenings. Youth volunteers are also encouraged to volunteer on Saturday's throughout the year, but not required.

The primary focuses of the program are learning about the museum, along with developing a spirit of volunteerism. By the end of the year, youth should gain a basic knowledge of these areas and hone skills such as **communication, teamwork, responsibility, and leadership**.

If you are interested in applying for the 2022-2023 program, you will need to complete an application with all necessary paperwork. **The deadline for applications to the youth volunteer program for the 2022/2023 calendar year is May 6, 2022.**

Looking forward to a great summer!

Sara Hand  
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Georgia Museum of Agriculture  
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## Parent Packet Youth Volunteer Application

Please return this form by **Friday, May 6, 2022**. Late applications will not be accepted.

**There will be a mandatory parent's meeting on Wednesday, May 25 at 5:30 pm in the GMA Peanut Museum (located behind the Country Store).**

### Parent/ Guardian Information

Child's Name: \_\_\_\_\_  
                            First                            Middle Initial                            Last                            Preferred Name

First Contact Name: \_\_\_\_\_  
  First  Middle Initial  Last

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_  
  First  Middle Initial  Last

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_



# Parent Packet Youth Volunteer Application

## Programs Serving Minors Pick-Up Authorization

Personal Information (please print)

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Authorized Pick Up

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program members will contact the local police department as a last resort to take your child home. If you are not at home, your child will be released to the Division of Family and Children Services.

### Authorized Dismissal

My child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. My child may sign himself/herself out at the end of the program activities.

Signature of Parent or Guardian: \_\_\_\_\_

Parent or Guardian Name (print): \_\_\_\_\_

\*Please note that only the enrolling parent will be permitted to complete this form.



## Parent Packet Youth Volunteer Application

### **Programs for Minors Participant Code of Conduct**

Program / Camp Name: GMA Youth Volunteer Program

Participant Name (Please Print): \_\_\_\_\_

Parent / Guardian Name (Please Print): \_\_\_\_\_

The Program has established rules and standards of conduct for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the Program rules and standards of conduct. Dismissed Participants are not eligible for a refund of any fees or expenses. The Parent/Legal Guardian is responsible for all costs associated with removing the Participant from the Program due to his/her misconduct, including but not limited to transportation costs to return the Participant home.

### **PARTICIPANT AGREEMENT**

I understand that as a condition for participating in the Program I must comply with the Program's rules and standards of conduct and follow all reasonable direction of the Program Staff. Failure to comply with the Program's rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my being dismissed from the Program.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PARENT/LEGAL GUARDIAN AGREEMENT**

I understand that my child will be subject to the rules and standards of conduct of the Program and the University System of Georgia. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my child's dismissal from the Program. I accept responsibility for all costs associated with removing my child from the Program, including but not limited to transportation costs to return the Participant home. I understand that Dismissed Participants are not eligible for a refund of any fees or expenses.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Participation Agreement and Waiver Form

### **PROGRAM/ ACTIVITY INFORMATION**

Program/Activity Name: Youth Volunteer Program Date(s): 06/01/2021-05/31/2022

Location: Georgia Museum of Agriculture, 1392 Whiddon Mill Rd., Tifton, GA 31793

### **PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (include city/state/zip): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### **RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE**

I (Name) \_\_\_\_\_, the parent or legal guardian of the Participant, (Name) \_\_\_\_\_, for the sole consideration, the sufficiency of which is hereby acknowledged, of the right to participate in the event or program described as the Youth Volunteer Program (the Program), do hereby agree to the following relating to the Program.

I fully and voluntarily consent to my child's participation in the Program. I hereby acknowledge my awareness that participation in the Program may expose me/my child to risk of property damage, bodily or personal injury. Participation could include certain physical activities such as hiking, assisting with livestock, riding the train, gardening, and cooking. I understand that the risks that I/my child may encounter include, but are not limited to transportation accidents, insect bites/stings, injury from falls, injury in inclement weather, bumps, bruises, cuts and abrasions, muscle strains and sprains, and exposure to contagious diseases which may cause death, as well as other risks that may not be foreseeable. I knowingly and freely assume any and all such risks.

In exchange for being allowed to participate in the Program, I hereby release and forever discharge and agree to indemnify the Abraham Baldwin Agricultural College, the Board of Regents of the University System of Georgia, its members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in the Program. I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the Abraham Baldwin Agricultural College, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.



Georgia Museum  
of Agriculture

## Parent Packet Youth Volunteer Application

I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue shall not constitute a waiver, in whole or part, of sovereign immunity by the Board of Regents of the University System of Georgia, its members, officers, agents, and employees.

I certify that I understand and have read the above carefully before signing. I acknowledge and represent that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators, and assigns, and my child's heirs, executors, administrators, and assigns, as well as myself and my child.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_





## Parent Packet Youth Volunteer Application

### Photo and Media Release

\_\_\_\_\_ Yes, I (Print Name) \_\_\_\_\_, the parent and/or legal guardian of (Print Name) \_\_\_\_\_, the Participant, hereby give Abraham Baldwin Agricultural College and the Board of Regents of the University System of Georgia, the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and recordings in which I/my child may be included in the whole or in part, developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I understand and agree that my/my child's image, likeness or recording will become part of [the institution's] photograph and/or recording file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image.

I hereby waive the right to inspect or approve my/my child's image, likeness or recording or any finished material that incorporates such. I further release, discharge, and agree to waive Abraham Baldwin Agricultural College and the Board of Regents of the University System of Georgia, their licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said images, likenesses and images and with the use thereof. I further acknowledge and agree that Abraham Baldwin Agricultural College and the Board of Regents of the University System of Georgia and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness or recording by any third party accessing it through the internet or any other means.

\_\_\_\_\_ No, I do not grant permission for my/my child's image, likeness or recording to be used in any form, unless necessary for the administration of the program in which my child is participating.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Parent Packet Youth Volunteer Application

### Medical Information Form

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

Please list any medical conditions staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Note: The institution does not offer any form of health, liability, or other types of insurance for participants. **Please attach a copy of the front and back of your insurance card with this form.**

Additional contacts in case of emergency:

a. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work/ Home Phone: \_\_\_\_\_

b. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work/ Home Phone: \_\_\_\_\_

#### **Authorization for Medical Care**

By signing this form I hereby acknowledge that all information is accurate and current, that all pertinent and important medication information is listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify the program of any changes in the above information in a timely and reasonable manner.

I hold harmless and agree to indemnify the program and Abraham Baldwin Agricultural College, as well as the Board of Regents, from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment.

Signature of Parent or Guardian: \_\_\_\_\_

Parent or Guardian Name (print): \_\_\_\_\_



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### **Notice of Exemption**

I, \_\_\_\_\_ acknowledge that I have been informed that this program is not a licensed childcare facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Notice of Free Program**

I, \_\_\_\_\_ acknowledge that I have been informed that this program is offered at no charge.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_