



Youth Volunteer Program Registration

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Youth Volunteer Program Registration

Youth Volunteer Overview

Thank you for your interest in the GMA's Youth Apprentice 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 apprentices 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.

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 19th century.
- **Research & Program Development:** Youth gain hands-on experience conducting historical research related to sites, people, and events related to the museum, along with creating new guest programs.

Registration

To be selected as a youth volunteer, applicants must submit the registration packet below and meet with Museum staff prior to the first day of the program. Once completed, the packet can be emailed to Sara Hand (sfhand@abac.edu) or mailed to Sara Hand, Georgia Museum of Agriculture, 1392 Whiddon Mill Rd., Tifton, GA 31793. Registration packets must be received by **May 5, 2023 at 5:00 p.m.**

Looking forward to a great summer!

Sara Hand
Assistant Director
Office 229-391-5208
sfhand@abac.edu

Chloe Holbrook
Historic Village Supervisor
Office 229-391-5213
cholbrook@abac.edu



Youth Volunteer Program Registration

Participant Information

Name: _____
 First Middle Initial Last Preferred Name

Street Address: _____

City, State, and Zip Code: _____

Date of Birth ____/____/____ Grade in School: _____

Gender: Male____ Female____

Parent/ Guardian Information

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: _____



Youth Volunteer Program Registration

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.



Youth Volunteer Program Registration

Youth 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: _____



Youth Volunteer Program Registration

Participation Agreement and Waiver Form

PROGRAM/ ACTIVITY INFORMATION

Program/Activity Name: Youth Volunteer Program Date(s): 06/01/2023-07/28/2023

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.



Youth Volunteer Program Registration

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: _____



Youth Volunteer Program Registration

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: _____



Youth Volunteer Program Registration

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): _____



Youth Volunteer Program Registration

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: _____