



EVENT VOLUNTEER FORM

Volunteers play a vital role in our community. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you give will be held confidential. Only authorized staff will have access to your information.

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Allergies or medical conditions: _____

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE AGAINST THE LAW WITHIN THE LAST TEN (10) YEARS OR ARE YOU NOW UNDER CHARGES FOR ANY OFFENSE AGAINST THE LAW, EITHER A FELONY OR A MISDEMEANOR (CIRCLE): YES or NO IF YES, PROVIDE DETAILS BELOW:

Charge	Date	Location	Disposition (status)

NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY A PERSON FROM APPOINTMENT. EACH CONVICTION WILL BE JUDGED ON ITS OWN MERIT WITH RESPECT TO TIME, CIRCUMSTANCE AND SERIOUSNESS RELATED TO THE APPOINTMENT APPLIED FOR.

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

*Parent Signature required if under the age of 18.

Signature: _____ Date: _____

*Parent Signature: _____ Date: _____

Please return completed form to:

Nashville City Hall
 405 W. Washington Ave.
 Nashville, GA 31639