



**EVENT VOLUNTEER APPLICATION
RIDE FOR RIGHTS**

Name:

Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

If under 18, please provide contact information for a parent/guardian that will be copied on all communications.

Name:

Email:

Phone:

Emergency Contact:

Email:

Phone:

Have you ever been convicted of, or plead guilty to any criminal defense?

YES

NO

If you answered YES to the above question, please describe in full detail below. Please note we do not accept volunteers who have been charged with offenses that reflect potential danger to the staff, offices, property of The Arc of Southwest Georgia, or the people who we support.



By submitting this volunteer application, you are agreeing to the following:

- I am allowing The Arc of Southwest Georgia to perform a background check or require my fingerprinting if I will be working with the individuals The Arc of Southwest Georgia supports.
- I am not an employee of The Arc of Southwest Georgia and understand and agree that I will not receive compensation or benefit nor be eligible for any coverage under the Georgia Worker's Compensation Laws.
- I hereby affirm that I have accurately completed this volunteer application. My answers to all questions are true and correct, and I have not knowingly withheld any fact or circumstance that may, if disclosed, affect my application unfavorably. I understand that any false or incomplete information submitted in this application may result in my termination from The Arc of Southwest Georgia as a volunteer.
- I understand that as a volunteer, I will be required to perform assigned tasks at the dates and times specified and agreed upon with the assigned department director. I understand that by volunteering at The Arc of Southwest Georgia I will be required to follow policies and procedures and act in a manner that represents our mission.
- By volunteering for this event, I understand that I assume all risks associated with it, including but not limited to:
 - Falls, physical contact with others (including the contraction of a communicable disease resulting from contact), effects of weather, traffic and road conditions.
- I, for myself and anyone entitled to act on my behalf, waive and release The Arc of Southwest Georgia, the cities and counties this event takes place, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though the liability may arise out of negligence or carelessness on the part of the persons named in the waiver. In addition, I acknowledge the contagious nature of COVID-19 and other communicable disease and voluntarily assume the risk that I may be exposed to or infected may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participating in this event and personally assume this risk.
- I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other recording of this event for any legitimate purposes. I understand that The Arc of Southwest Georgia cannot control what other people may do to an image or recording after it is shared. I recognize that any issues that arise out of the use of my photographs, motion pictures, or recordings will not be the fault of The Arc of Southwest Georgia.
- I also affirm that if I am under the age of 18 that my parents/guardians have reviewed my application and have agreed to the conditions of my participation.

Name:

Signature:

Date:

If under 18-

Parent/Guardian Name:

Signature:

Date: