



The Volunteer Center Application

Date: _____

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ City: _____ State: _____ Zipcode: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Sex: (Male) (Female)

Birthday: (MM/DD/YYYY) _____

Race: (Please Circle) African- American Caucasian Asian American
Hispanic Indian-American Other _____

Do you have any physical limitations? (YES) (NO) if yes, please list: _____

If under 18 years old, parent is to give permission for your application by signing and dating below

Parent Signature

Date

Parent Phone Number: _____

Have you ever been convicted of a felony? (YES) (NO) If yes, please state what the felony was and when: _____

Please circle or highlight the groups with which you are most interested in volunteering with:

Children Physically Handicapped Disadvantaged Persons

Probationers General Public Senior Citizens

Juvenile Offenders Terminally Sick & Family Mentally Handicapped

Theatre Nursing Home Residents Victims of Abuse

Hospital Patients Young People Other: _____

Please tell us the areas that best identify your skills:

Would you like to be contacted if a special project arises? (YES) (NO)

I certify that I am acting under no mental or physical duress and that I am willing to assume the risk involved in volunteer work. I understand that *THE VOLUNTEER CENTER* is not responsible for any injuries and/or damage to me arising out of my acceptance of any referral. I further agree to hold *THE VOLUNTEER CENTER* blameless for any injuries and/or damage that I might cause to any person or thing as a result of my volunteer work. I further understand that I am not afforded liability insurance for the use of my personal vehicle to transport any person while volunteering with an agency through *THE VOLUNTEER CENTER*.

Signature of Volunteer

Date

Please list one personal reference that is not a relative. For STUDENTS, please list a teacher/professor/advisor as a reference.

Name

Phone Number

Emergency Contact :

Name

Relationship

Phone Number



United Way of Southwest Georgia Photograph Consent Form

2620-C Dawson Road Albany, Georgia 31707
P.O. Box 70429 Albany, Georgia 31708
229.883.6700
229.436.6378- FAX

- Consent to photograph, film, tape, or interview
- Consent to use existing photographs, film, or tape for broadcast or publication purposes

Subject's Name: _____

I give my permission for an employee or agent from the United Way of Southwest Georgia, to take photographs, tapes, or films, and/or interview the above-named subject for broadcast and/or publication purposes.

I relieve and hereby agree to hold the agency and its agents and employees free and harmless from any and all liability arising out of the use of the photographs, films, tapes, or interview. I understand that these will be carried out with my consent and I assume full responsibility.

Signature

Date

United Way Staff Signature

Date