



VOLUNTEER FORM

Contact Information

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
E-Mail Address	
Are you 18 years or older?	If not, how old?

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Volunteer Assumption of Risk Waiver of Liability

I understand that I may encounter various risks as a volunteer for the City of Conyers. I hereby agree to assume those risks, release and hold harmless, City of Conyers, its employees, elected and appointed officials and any other representatives, including other volunteers, from any and all liability for injury to me or damage to my property which may result from my participation in volunteer activities. This release shall be binding on me and any other persons making claim through me or on my behalf.

I agree to release the use of my likeness, photo, video, or otherwise, that may be taken during my volunteer activities for use in promotion material without compensation to me.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Please submit to: Mitzi.Quarles@conyersga.com or fax to: 770-602-2545.

Thank You for Volunteering!