



Alpharetta Recreation & Parks Volunteer Application, Release, and Consent



Unless instructed otherwise, fax completed form to 678-297-6101.

I hereby apply to be a volunteer for the City of Alpharetta Recreation & Parks Department. I understand that if selected to be a volunteer I may not receive any financial compensation for my time and that I am responsible for my expenses. If accepted, I will be given uniform shirt(s) to be worn when performing my volunteer services. I further understand that my services as a volunteer will not be for any specific length of time or duration.

I understand that in order to be considered for a volunteer opportunity I must first successfully pass the City's background screening process. I hereby authorize the City to receive any criminal history on file pertaining to me from any federal, state, or local criminal justice agency. I understand that other criteria will be evaluated by the City to determine my ability to carry out the duties and responsibilities related to my application to be a volunteer. I understand that if selected to be a volunteer it is a privilege, not a right, and that as a volunteer for the City of Alpharetta, I would be an ambassador for the City and therefore would represent myself professionally and with integrity at all times. I would adhere to the terms and conditions as set forth for the volunteer opportunity for which I am applying.

I acknowledge the risk of injury while performing volunteer services for the City of Alpharetta, and I knowingly assume those risks; I accept the responsibility for my participation, including transportation to and from all activities associated with my volunteer services, and I represent that I am in sufficient good health and physical condition to undertake my volunteer services.

I release, discharge and hold harmless to the fullest extent permitted by law, the City of Alpharetta, the City of Alpharetta Recreation and Parks Department, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any and all claims, actions, or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as a result of, my participation as a volunteer for the City of Alpharetta.

I consent that my name, photograph, image, and/or likeness may be used, in perpetuity, by the City of Alpharetta for promotional and information purposes in print, on the City website, and in other media.

_____ PRINT FULL NAME	_____ SIGNATURE	_____ DATE
_____ ADDRESS	_____ CITY STATE ZIP	
_____ *SEX	_____ *RACE	_____ *DATE OF BIRTH
_____ *SOCIAL SECURITY NUMBER		
*The above information is necessary to retrieve criminal history information.		
PHONE: (H) _____ (CELL) _____	(W) _____ (FAX) _____	
EMAIL: _____		
APPLYING TO VOLUNTEER FOR (SPORT/ACTIVITY) _____		
How long have you lived in the state of Georgia? _____ If less than 5 years, please list your most recent out-of-state resident address: _____		

Office Use Only CONSENT REQUESTED BY: Lisa Cherry, Deputy Director	SENT TO HR _____ OUTCOME _____ DATE _____
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