

Alpharetta Cultural Services

Volunteer Application

Name: _____

Contact Number: _____ Email _____

Agree to receive text messages? Yes No

Emergency Contact Name: _____ Contact Number _____

Do you have a location preference to volunteer? _____

Possible Locations to Volunteer: Arts Center, Log Cabin, History Museum, or within the City of Alpharetta

What Kind of volunteer work do you wish to pursue?

(Please choose up to 3 categories. Descriptions provide examples of various activities)

Exhibitions
Assist in install and de-install of gallery exhibits

Art Center Front Desk
Greet visitors; answer phones; clerical assistance, art studio assistance

History and Archive
Working with the Historical Society in archiving historical documents; museum or historical marker docents; cemetery cleanup

Public Art
Assist in public mural painting; assist artist in public art projects

Events
Greet guests; front of house onsite assistance: give tours to patrons

What days of the week are you available? _____

What times during the week you are available? _____

How many hours can you commit to? _____ a week or _____ a month

Please list present & previous volunteer experience and length of time with each organization.

Permission to be added to our email distribution list? Yes No

Thank you for your interest in volunteering with the Alpharetta Cultural Service Division.

Please complete the form and email back to arts-culture@alpharetta.ga.us

Alpharetta Cultural Services Volunteer Waiver

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in City of Alpharetta Recreation, Parks and Cultural Services programs, events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of contracting said illnesses does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest City of Alpharetta staff member or contracted instructor immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Alpharetta, their officers, officials, agents, and/or employees, other participants, instructors, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Volunteer Name:

signature:

Date:
