

COX ARBORETUM AND GARDENS TEEN VOLUNTEER APPLICATION

We welcome your interest in our Cox Arboretum and Gardens Teens Program! Please fully complete this application. ***This program is for teens age 15, 16, 17 and 18 (if in high school).***

SEND APPLICATIONS TO:

Email (hello@coxgardens.com)

Or Mail to:

Cox Arboretum and Gardens

1621 N Lake Drive, Canton, Georgia

PERSONAL INFORMATION

Today's Date: _____ Volunteer Name: _____

Preferred Nickname (if any): _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____

Email Address: _____

Current Grade: _____ School Name _____

Parent/Guardian Emergency Contact Information:

Name: _____ Relationship: _____

Email: _____

Cell Phone: _____ Other Phone: _____

Cox Arboretum and Gardens Volunteer Opportunities (check if interested):

☐gardening
☐arts/crafts
☐seasonal events
☐education

Youth Volunteer Waiver Agreement

This Waiver Agreement, made and entered by and between the Cox Arboretum and Gardens, 1621 N Lake Drive, Canton, Georgia 30115 herein referred to as “Cox Arboretum and Gardens”, and

Volunteer Full Name (please print)

Street Address City State Zip Code

Phone Number E-mail Address

I understand that I am volunteering for activities with Cox Arboretum and Gardens. I understand that as a volunteer, I may be involved in physical activities that have a potential risk of injury. I assume this risk. I agree that I will perform activities that I am comfortable doing and follow all instructions.

Through this Waiver Agreement, the Volunteer does hereby knowingly release Cox Arboretum and Gardens, its officers, directors, employees, agents and volunteers from any claim, demand

or cause of action that may be asserted by or on behalf of me as a result of my volunteering for Cox Arboretum and Gardens. I agree to be responsible for my behavior and to indemnify and hold harmless

Cox Arboretum and Gardens its officers, directors, employees, agents and volunteers from any damages or liabilities arising out of my activities as a volunteer for Cox Arboretum and Gardens.

Through this permission form I agree that I will abide by the rules laid forth by the staff supervisor for my assignment. I understand that any divergence from the rules may result in immediate dismissal from Volunteer service. No smoking is permitted on Cox Arboretum and Gardens grounds.

I authorize that my child may participate in Cox Arboretum and Gardens volunteer opportunities, and I authorize Cox Arboretum and Gardens employees to take all necessary steps to insure my child's health and safety in case of an emergency. _____ (Initials of parent or guardian)

Photograph Release Agreement

I grant Cox Arboretum and Gardens to use my name, photographs and video for education, public relations and marketing purposes while volunteering without pay.

Volunteer Signature & Date

*If the Volunteer is an individual under the age of eighteen, a Parent or Legal Guardian must also sign and date this Waiver Agreement.

Name: Parent/Legal Guardian (Print) Sign Date

In case of an emergency, please notify:

Name _____ Relationship _____ Cell Number _____

Email: _____