CHEEKWOOD ADULT VOLUNTEER APPLICATION



PERSONAL INFORMATION

Full Name	Email Address	
Street Address		Apartment #
City	State	Zip Code
Cell Phone	Home Phone	
DOBAdult Volunteer is 18.	_The minimum age requirement to vo	olunteer with Cheekwood as an
Are you able to commit to	volunteering for a minimum of one year	ar? Yes No
AmericanHispanic or	_White (European, North Africa, Middle E LatinoAsianAmerican India slanderTwo or more races/ethnicitie	an or Alaskan Native
EMERGENCY CONTACTS	;	
Name	Relationship	
Cell Number	Other: (home/office)	
Name	Relationship	
CellNumber	Other: (home/office	e)
	IT STATUS (optional) neRetiredOther_ e list your current employer and job title	e:
Are you currently a student'	reached (high school, college, advance Name of school ?YesNo If yes, school na a of study?	ame
AREAS OF INTEREST		
Education Special Events Admin Tasks Graphic Design Conservation	GardeningVisitor Services/GreeterArts/CraftsPhotographySchool Programs	Camp Museum Outreach Special Projects Docen

1. Why are you interested in volunteering at Cheekwood?
2. Do you have any prior volunteer experience? If yes, please describe organizations and experiences:
3. Do you have any special talents or certifications that would be helpful as a volunteer? For example, sewing, construction, design, handicrafts, musician, CPR, teaching. etc.
4. Have you been employed at Cheekwood before?Yes Position/dates:
VOLUNTEER WAIVER and AGREEMENT
I agree that I will follow Cheekwood's COVID protocols.
This Waiver Agreement, made and entered by and between Cheekwood Estate & Gardens, 1200 Forrest Park Dr, Nashville, TN 37205, herein referred to as "Cheekwood" AND
Name (please print)
I understand that I am volunteering for activities with Cheekwood. 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 and discharge Cheekwood, 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 Cheekwood. I agree to be responsible for my behavior and to indemnify and hold harmless Cheekwood its officers, directors, employees, agents and volunteers from any damages or liabilities arising out of my activities as a volunteer for Cheekwood.
I authorize Cheekwood to use my name and photograph for education, public relations and marketing purposes related to Cheekwood.
Volunteers must abide by the code of conduct, policies and rules set out in the program handbook.
I certify that all of the above information is correct. I understand that acceptance as a volunteer is based on a combination of my skills and interests and the needs of Cheekwood. I realize that opportunities may not be available at any given time, but my application will be held on file for one year.
SignatureDate

BACKGROUND CHECK AUTHORIZATION

I authorize Cheekwood to obtain background information about me.

Print Name
First — Middle - Last — Maiden Name (If applicable)
Current Address
Street City State/Zip
Previous Address
Street City State/Zip
Date of Birth
Telephone Number
Gender:MaleFemale
SignatureDate
Gardens, Attn: Volunteer Manager, 1200 Forrest Park Dr., Nashville, TN 37205
For office use only
Check completed