CHEEKWOOD ADULT VOLUNTEER APPLICATION



PERSONAL INFORMATION

Full Name	Email Address _			
Street Address		Apartment #		
City	State	Zip Code		
		one		
DOBThe minimum age requirement to volunteer with Cheekwood as an Adult Volunteer is 18.				
Are you able to commit to volunteering for a minimum of one year? Yes No				
Ethnicity (optional):White (European, North Africa, Middle East)Black or African-AmericanHispanic or LatinoAsianAmerican Indian or Alaskan NativeNative Hawaiian or Pacific IslanderTwo or more races/ethnicitiesDecline to state				
EMERGENCY CONTACTS				
NameRelationship				
Cell Number	erOther: (home/office)			
NameRelationship				
	Other: (home/office)			
CURRENT EMPLOYMENT STATUS (optional) Full-timePart-timeRetiredOther If you are employed, please list your current employer and job title:				
EDUCATION (optional) Highest level of education reached (high school, college, advanced degree): Name of school Are you currently a student?YesNo If yes, school name What was/is your major area of study?				
AREAS OF INTEREST				
Education Special Events Admin Tasks Graphic Design Conservation	GardeningVisitor Services/GreeterArts/CraftsPhotographySchool Programs	CampMuseumOutreachSpecial ProjectsDocent		

1. Why are you interested in	volunteering at Cheekwood?	
2. Do you have any prior volunt experiences:	teer experience? If yes, please describ	oe organizations and
	ents or certifications that would be help on, design, handicrafts, musician, C	
	t Cheekwood before?Yes	
VOLUNTEER WAIVER and	d AGREEMENT heekwood's COVID protocols.	
Forrest Park Dr, Nashville	e, TN 37205, herein referred to as	
I understand that I am volu volunteer, I may be involved	Inteering for activities with Cheek In physical activities that have a porm activities that I am comfortable	wood. I understand that as a otential risk of injury. I assume this
Cheekwood, its officers, dire cause of action that may be Cheekwood. I agree to be Cheekwood its officers, dir	ment, the Volunteer does hereby knectors, employees, agents and volume asserted by or on behalf of me as responsible for my behavior and rectors, employees, agents and vor activities as a volunteer for Che	nteers from any claim, demand or saresult of my volunteering for to indemnify and hold harmless olunteers from any damages or
I authorize Cheekwood to us marketing purposes related	se my name and photograph for edd to Cheekwood.	lucation, public relations and
Volunteers must abide by th handbook.	ne code of conduct, policies and rul	es set out in the program
is based on a combination of	information is correct. I understan of my skills and interests and the ne vailable at any given time, but my	eds of Cheekwood. I realize that
Signature	Da	te

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