CHEEKWOOD FAMILY TEAM VOLUNTEER APPLICATION



ADULT - PERSONAL INFORMATION

Full Name	Email Address	
Street Address	Apartment #	
City	State	_Zip Code
Cell Phone	Home/Office Pt	none
Relationship to child or perso	on	
DOBThe Adult Volunteer is 18.	minimum age requirement to v	olunteer with Cheekwood as an
Are you both able to commit to	volunteering for a minimum of or	ne year? Yes No
Ethnicity (optional):White AmericanHispanic or Lating Native Hawaiian or Pacific Islande	e (European, North Africa, Middle E oAsianAmerican Ind erTwo or more races/ethnicition	East)Black or African- ian or Alaskan Native esDecline to state
CURRENT EMPLOYMENT STA	ATUS (optional)	
	RetiredOther_ your current employer and job tit	
EDUCATION (optional)		
	hed (high school, college, advan Name of school	
Are you currently a student? What was/is your major area of st	YesNo If yes, school na udy?	nme
YOUTH/OTHER INDIVIDUAL -	INFORMATION	
Name	Email	
Street Address (or same as above	s)	Apartment #
	State	
	DOB	
School	Grade	
	e (European, North Africa, Middle E oAsianAmerican Ind er Two or more races/ethniciti	ian or Alaskan Native

	Relationship	
Cell Number	Other: (home/office)	
Name	Relationship	
Cell Number	Other: (home/office)	
AREAS OF INTEREST		
Education Special Events Admin Tasks Graphic Design Conservation	Visitor Services/GreeterMus Arts/CraftsOut	iature trains seum reach cial Projects
1. Why are you interes	ted in volunteering at Cheekwood?	
2. Do you have any prior experiences:	volunteer experience? If yes, please describe organization	ons and
experiences: 3. Do you have any specific and specific an	volunteer experience? If yes, please describe organizations that would be helpful as a volustruction, design, handicrafts, musician, CPR, teaching	nteer? For

VOLUNTEER WAIVER and AGREEMENT

This Waiver Agreement, made and entered by and b Forrest Park Dr, Nashville, TN 37205, herein ref			
Names (please print)			
I understand that I am volunteering for activities w volunteer, I may be involved in physical activities tha risk. I agree that I will perform activities that I am co	at have a potential risk of injury. I assume this		
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 photog marketing purposes related to Cheekwood.	raph for education, public relations and		
Volunteers must abide by the code of conduct, polic handbook.	ies and rules set out in the program		
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.			
Signature/Adult	Date		
Signature/Youth-Other Person	Date		

BACKGROUND CHECK AUTHORIZATION - ADULT

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				
Signature	Date			
Estate & Gardens, Attn: Volunteer Manager, 120				
For office use ofFor office use of	only			