



Cheekwood Teens Program Application

We welcome your interest in our Cheekwood Teens Program! Please fully complete this application.

*This program is for teens age 16, 17 and 18 (if in high school).

SEND APPLICATIONS TO:

Cheekwood-Teens Program, Attn: Volunteer & Community Engagement Manager
1200 Forrest Park Dr, Nashville, TN 37205 or email to volunteers@cheekwood.org

Today's Date: _____ Volunteer Name: _____

Preferred Nickname (if any): _____

Date of Birth: _____ Are you 18 years of age? Yes ___ No ___

Street Address: _____ City: _____ State: _____

Zip: _____ Cell Phone Number: _____

Email Address: _____

Primary e-mail for contact School: _____

Current Grade: _____

Ethnicity (optional): ___ White (European, North Africa, Middle East) ___ Black or African-American

___ Hispanic or Latino ___ Asian ___ American Indian or Alaskan Native

___ Native Hawaiian or Pacific Islander ___ Two or more races/ethnicities ___ Decline to state

Parent/Guardian Emergency Contact Information:

Name: _____ Relationship: _____

Email: _____

Cell Phone: _____ Other Phone: _____

Name: _____

Email: _____

Cell Phone: _____ Other Phone: _____

List your hobbies and/or interests.

List any organizations, groups, or teams in which you participate.

Please list any places (and dates) where you have previously worked and/or volunteered.

Youth Volunteer Waiver Agreement



I agree that I will follow Cheekwood's COVID policy.

This Waiver Agreement, made and entered by and between the Cheekwood Estate and Gardens, 1200 Forrest Park Dr, Nashville, TN 37205, herein referred to as "Cheekwood", 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 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 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.

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 Cheekwood grounds.

I authorize that my child may participate in Cheekwood's volunteer opportunity and I authorize Cheekwood's 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 Cheekwood 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: _____