



FAMILY TEAM VOLUNTEER APPLICATION

PERSONAL INFORMATION

Full Name (Adult) _____ Email _____

Street Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

DOB _____ The minimum age for the Family Team 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-American ___ Hispanic or Latino ___ Asian ___ American Indian or Alaskan Native ___ Native Hawaiian or Pacific Islander ___ Two or more races/ethnicities ___ Decline to state

Full Name (Youth/Other person) _____ Email _____

Street Address (or same as above) _____ Apartment # _____

City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

DOB _____ The age requirement for the other team member is age 10-17.

School _____ 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

EMERGENCY CONTACTS – *At least one contact other than Adult applicant*

Name _____ Relationship _____

Cell Number _____ Other: (home/office) _____

Name _____ Relationship _____

Cell Number _____ Other: (home/office) _____

CURRENT EMPLOYMENT STATUS (optional)

___ Full-time ___ Part-time ___ Retired ___ Other _____

If you are employed, please list your current employer and job title below:



EDUCATION (optional)

Highest level of education reached (optional): _____

Name of school _____

Are you currently a student? ___ Yes ___ No If yes, school name _____

What was/is your major area of study? _____

- AREAS OF INTEREST**
- | | | | |
|--------------------|------------------------------|-----------------|--------------|
| ___ Gardening | ___ Conservation | | |
| ___ Education | ___ School Programs | ___ Arts/Crafts | ___ Camp |
| ___ Special Events | ___ Visitor Services/Greeter | ___ Museum | ___ Outreach |
| ___ Admin Tasks | ___ Graphic Design | ___ Photography | ___ Docent |

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 the Cheekwood before? ___ Yes ___ No

Position-dates: _____

VOLUNTEER WAIVER and AGREEMENT

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) _____ AND _____

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.

Signature _____ Date _____

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: ___ Male ___ Female

Signature _____ Date _____

Submit by email to volunteers@cheekwood.org or mail to Cheekwood Estate & Gardens, Attn: Volunteer & Community Engagement Manager, 1200 Forrest Park Dr., Nashville, TN 37205

_____ *For office use only* _____

_____ Check completed