



BIRMINGHAM BOTANICAL GARDENS

Teen Volunteer Application/Emergency/Consent Form for: Spring Plant Sale, April 15-18, 2010

This form should be filled out by the parent or legal guardian of the teen-aged volunteer applicant. Teen volunteers cannot be considered for placement with Birmingham Botanical Gardens without a completed emergency/consent form on file. The completed form must be received 14 days prior to event. Return form to Volunteer Coordinator, 2612 Lane Park Road, Birmingham AL 35223. Fax 205-414-3966, Phone 205-414-3962, Email: mtickle@bbgardens.org, Web: www.bbgardens.org

Teen's Name: _____ Work Day(s)/Shift time(s): _____

AGE (must be 14 years of age): _____ Date of Birth: _____

Address: _____ City/St/Zip: _____

Home phone: _____ Email: _____

Grade: _____ School: _____

EMERGENCY In case of an emergency please call:

Name: _____ Relationship: _____

Phone: (H) _____ (C) _____ (W) _____

Doctor: _____ Phone: _____

ALLERGIES: _____

RESTRICTED ACTIVITIES: _____

CONSENT

To: Birmingham Botanical Gardens (The "Gardens")
Birmingham Botanical Society dba Friends of Birmingham Botanical Society ("Friends")

Name of Volunteer: _____ (the "Volunteer")

My son or daughter, who is named above, desires to become a volunteer working at or for the benefit of The Gardens. I am in agreement that he/she do this, and I am executing this Consent in consideration of your agreement to permit him/her to do this.

I, _____, a parent of the Volunteer, do hereby consent to the Volunteer's becoming a volunteer at Birmingham Botanical Gardens and to his/her performing services for the benefit of The Gardens and/or Friends. I do further agree to indemnify, protect and hold harmless The Gardens, Friends, their officers, board members, supervisors, agents, employees, and all other persons performing volunteer services for The Gardens and/or Friends, from any claim or liability whatsoever, including, but not limited to, personal injury, property damage, court costs, and attorney's fees, however caused, as a result of the Volunteer's activities at or for the benefit of The Gardens and/or Friends.

As further consideration for your permitting the Volunteer to become a volunteer at The Gardens, I represent and agree that, during the entire period that he/she is working at or for the benefit of The Gardens and/or Friends, the Volunteer will be covered under accident and health insurance.

I understand and agree that the Volunteer or I will be responsible for obtaining any required work permit in order that the Volunteer may perform services for The Gardens or Friends.

I further agree and understand that you may elect to terminate or modify my son's/daughter's volunteer activities at any time and for whatever cause or without cause.

Dated this the ____ day of _____, 20____.

(Signature)

(Please print name as signed)

(Address, City, State, Zip)

(Phone) *If different from above.