



Teen Volunteer Application / Emergency Consent Form

Earth Day at The Gardens – Sunday, April 25, 2010

Please mark your preferred work area:

- Pre-event Set-up
- Logistics (parking attendee, floater, assist exhibitors)
- Hospitality (assist volunteer/exhibitor check-in, count attendance)

Mark the time(s) you will work::

- 10:30 a.m. – 1:00 p.m.
- 1 – 3:30 p.m.
- 3:30 – 6 p.m.

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.

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Home phone _____

School _____ Grade _____ Age: _____

Date of Birth _____ (must be 16 years of age by the time you volunteer)

EMERGENCY In case of an emergency please call:

Name _____ Relationship _____

Home Phone _____ Cell _____ Work _____

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

Phone *If different from above

PLEASE RETURN THIS FORM TO:

MARY-BESTOR TICKLE, VOLUNTEER COORDINATOR AT MTICKLE@BBGARDENS.ORG

2612 LANE PARK ROAD BIRMINGHAM, ALABAMA 35223 PHONE: 205.414.3962 FAX: 205.414.3966 WWW.BBGARDENS.ORG