

# Alpharetta Cultural Services

## Volunteer Application

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email \_\_\_\_\_

Agree to receive text messages?      Yes                  No

Emergency Contact Name: \_\_\_\_\_ Contact Number \_\_\_\_\_

Do you have a location preference to volunteer? \_\_\_\_\_

**Possible Locations to Volunteer: Arts Center, Log Cabin, History Museum, or within the City of Alpharetta**

### What Kind of volunteer work do you wish to pursue?

(Please choose up to 3 categories. Descriptions provide examples of various activities)

#### Exhibitions

*Assist in install and de-install of gallery exhibits*

#### Art Center Front Desk

*Greet visitors; answer phones; clerical assistance, art studio assistance*

#### History and Archive

*Working with the Historical Society in archiving historical documents; museum or historical marker docents; cemetery cleanup*

#### Public Art

*Assist in public mural painting; assist artist in public art projects*

#### Events

*Greet guests; front of house onsite assistance: give tours to patrons*

What days of the week are you available? \_\_\_\_\_

What times during the week you are available? \_\_\_\_\_

How many hours can you commit to? \_\_\_\_\_ a week      or      \_\_\_\_\_ a month

Please list present & previous volunteer experience and length of time with each organization.

Permission to be added to our email distribution list?      Yes                  No

***Thank you for your interest in volunteering with the Alpharetta Cultural Service Division.***

Please complete the form and email back to [arts-culture@alpharetta.ga.us](mailto:arts-culture@alpharetta.ga.us)

# Alpharetta Cultural Services Volunteer Waiver

## ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in City of Alpharetta Recreation, Parks and Cultural Services programs, events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of contracting said illnesses does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest City of Alpharetta staff member or contracted instructor immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Alpharetta, their officers, officials, agents, and/or employees, other participants, instructors, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Volunteer Name:

signature:

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Date:

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