

The Douglas Brothers Foundation, Inc.



7193 Jonesboro Road, Suite 202A
Morrow, Georgia 30260
770-960-7770- Email- tdbfoundation@att.net

Youth Volunteer Application

Full Name: _____ Age: _____ DOB: _____

Email: _____ Cell Phone: _____

Address: _____ Home Phone: _____

City _____ ST _____ Zip: _____

Parent or Guardian's Full Name: _____ Phone #: _____

Education and Occupation:

High School Name: _____ Years Attended _____

Grade: _____ Graduation Year: _____ College Plans: _____ Yes _____ No

School Activities/Clubs: _____

Employer: _____ Employer Phone: _____

Job Title: _____ Months/Years Employed: _____

Other:

Please list your hobbies: _____

Are you interested in a career? _____

If so, what are you interested in? _____

Please answer the following questions:

1. Will your school and social activities permit you to volunteer at least one day a week? _____
2. Will you have transportation? _____
3. Are you willing to accept and follow the rules and regulations concerning your service at The Douglas Brothers Foundation, Incorporated? _____
4. Will you be able to purchase a membership? _____
5. What special qualifications do you have that might be useful in volunteer work?

Why do you want to volunteer?

6. How many hours do you plan to commit to this volunteer program? _____
7. Have you ever been convicted of a crime/ a felony? No Yes (If yes please explain in details)

I UNDERSTAND THE IMPORTANCE OF THE YOUTH VOLUNTEERS AT THE DOUGLAS BROTHERS FOUNDATION (TDBF) CENTER IN GIVING COURTEOUS CARE AND FRIENDLY AID TO THE PUBLIC, MEMBERS STAFF, AND VISITORS. I WILL TREAT ALL INFORMATION AS CONFIDENTIAL, ACCEPT ASSIGNMENTS CHEERFULLY AND WILLINGLY, BE PROMPT FOR DUTY, AND WILL ABIDE BY THE TDBF, INCORPORATED POLICIES AND THE OTHER RULES THAT MAY APPLY.

Date

Signature of Youth Volunteer

Date

Signature of Parent/Guardian

VOLUNTEER WAVIER FORM

The Douglas Brothers Foundation, Incorporated welcomes you as a volunteer. This should be a fun and worthwhile project for our community, and we thank you for your participation. Volunteers must recognize that this project involves physical labor. Therefore, there is an inherent risk of injury when you decide to volunteer. The Douglas Brothers Foundation, Incorporated continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions which have been designed to protect their safety.

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury and property damage to volunteers in the above referenced project(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child may sustain as a result of participating in any activities connected or associated with this volunteer project.

I agree to waive and fully release The Douglas Brothers Foundation, Incorporated and its officers, agents, employees and volunteers from any and all claims from injuries, damage or loss which I or my child may have or which may accrue to me or my child on account of my volunteer participation or the volunteer participation of my child in this project(s).

Signature of Youth Volunteer

Date:

Signature of Parent/ Guardian

Date:

VOLUNTEER EMERGENCY INFORMATION FORM- Confidential

Volunteer Full Name: _____

Emergency Information: Please list two people who may be notified in case of an emergency or illness.

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Information:

Physician: _____ Phone: _____

Please list any additional information you feel may be important in case of a medical emergency: (i.e. Diabetic, Epilepsy, High Blood Pressure, Allergies, etc.) _____

Medical Insurance

Name of Insured Member: _____

Relationship to Volunteer: _____

Insurance Company: _____

Insurance Company Address: _____

City: _____ State: _____ Zip: _____

Insurance Company Phone #: _____

Policy /Group Number: _____

PLEASE RETURN TO YOUR SUPERVISOR. THIS INFORMATION WILL BE KEPT ON FILE FOR USE IN AN EMERGENCY ONLY

Signature of Parent/Guardian: _____ **Date:** _____

CONSENT/RELEASE FORM FOR BACKGROUND CHECK

Applicant's Full Name (print clearly): _____

Social Security Number: _____ Date of Birth: _____

Applicants Complete Address: _____

City: _____ State: _____ Zip: _____

I, _____, authorize and give consent for The Douglas

Brothers Foundation, Incorporated to obtain the following information about me:

- Criminal background records/information
- National Sex Offender
- Addresses

I the undersigned, authorize this information to be obtained either via telephone, email or in writing in connection with my volunteer and/or employment application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with department procedures.

Print Name: _____ Date: _____

Applicant Signature: _____

Parent Signature: _____ Date: _____

For Department Use Only

To be completed by supervisor

Division: _____ Administration For: _____ Employment Screening _____ Camps _____

Volunteer Screening _____ Maintenance _____ Recreation _____ Schools _____

The Douglas Brothers Foundation, Incorporated
7193 Jonesboro Road, Suite 202A
Morrow, Georgia 30260
770-960-7770 Email tdbfoundation@att.net