

# The Douglas Brothers Foundation, Inc.



**P. O. Box 16994**  
**Atlanta, Georgia 30321**  
**770-960-7770- Email- [tdbfoundation@att.net](mailto:tdbfoundation@att.net)**  
**Website- [www.douglasbrothers.org](http://www.douglasbrothers.org)**

## Adult Volunteer Application

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip: \_\_\_\_\_

### Education and Occupation:

High School (If Applicable): \_\_\_\_\_ Years Attended: \_\_\_\_\_

Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ College Plans: \_\_\_\_\_ Yes \_\_\_\_\_ No

School Activities/Clubs: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Months/Years Employed: \_\_\_\_\_

### Other:

Please list your hobbies: \_\_\_\_\_

Do you have volunteer experience? \_\_\_\_\_ if yes, please describe: \_\_\_\_\_

List your volunteer interests: \_\_\_\_\_

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**Please answer the following questions:**

1. Do you have transportation? \_\_\_\_\_
2. Are you willing to accept and follow the rules and regulations concerning your service at The Douglas Brothers Foundation, Incorporated? \_\_\_\_\_
3. Will you be able to purchase a membership? \_\_\_\_\_
4. What special qualifications do you have that might be useful in volunteer work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. 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 or felony? \_\_\_No \_\_\_ Yes If yes please explain (in details)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THE IMPORTANCE OF THE 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 Volunteer

**VOLUNTEER WAIVER 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.

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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).

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Signature of Volunteer

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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:** \_\_\_\_\_ **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: \_\_\_\_\_

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**For Department Use Only** To be completed by supervisor

Division: \_\_\_\_\_ Administration For: \_\_\_\_\_ Employment Screening \_\_\_\_\_ Camps \_\_\_\_\_

Volunteer Screening \_\_\_\_\_ Maintenance \_\_\_\_\_ Recreation \_\_\_\_\_ Schools \_\_\_\_\_

Background Results (attached): \_\_\_\_\_ Satisfactory \_\_\_\_\_ Not Satisfactory

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