



Gaithersburg

A CHARACTER COUNTS! CITY

City of Gaithersburg

Arts Barn Volunteer Application

311, Kent Square Road, Gaithersburg, MD 20878 | 301-258-6394

VOLUNTEER NAME: _____

ADDRESS: Street _____

City/State/Zip _____

Phone: Home # _____ Cell # _____

Email _____

Preferred method of communication from Arts Barn, please check your first two priorities:

Home Phone

Cell Phone

Text to Cell

Phone Email

Availability _____ Special Expertise _____

I hereby grant permission for me/my child/organization to volunteer in the above activity sponsored by the City of Gaithersburg. I understand that I am responsible for me/my child's/organization's insurance in case of injury.

I, _____, agree to perform the volunteer duties to which I am assigned to the best of my ability and in a professional manner. The City of Gaithersburg reserves the right to remove volunteers who are not of proper age, maturity or skill level, or who inhibit the success of the activity.

I understand that, as a volunteer authorized by the City of Gaithersburg, there may be certain risks related to this Activity. By signing this Agreement, I, for myself/my child, or anyone entitled to act on my behalf, together with the organization I represent (if any), hereby waive and release the City of Gaithersburg and the organizers of the above Activity, plus all Activity partners, sponsors and volunteers, and their representatives, successors and assigns, from all claims and liabilities of any kind, including but not limited to, lost personal property or injury arising out of participation in the Activity, even if that liability may arise out of negligence or carelessness on the part of the persons named in this Agreement.

I understand and agree to the City policy that no one affiliated with the City in any type of work activity is permitted to consume alcohol while working at a City function. Volunteers and all other staff must be alcohol and drug free prior to and during the City function.

I also consent to the City's use of any photographs and/or video tapes made during the Activity to be used for publicity by the City of Gaithersburg.

Volunteer Signature (If over 18 yrs.)

Print Volunteer Name

In case of emergency:

Date: _____

Print Contact Name:

Tel. & Cell # _____

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(To be completed by City staff)

Activity/Program _____ Location & Supervisor's Name _____

Hours _____ Beginning Date _____ Length of Commitment _____