



3360 Osborne Rd. NE
Brookhaven, GA. 30319
Phone: (404)637-0534
parksandrec@brookhavenga.gov
<http://www.brookhavenga.gov>

Volunteer Registration Form

Name: _____ Date of birth: _____

Address: _____

Street _____ City _____ State _____ Zip _____

Phone # (day): _____ Phone # (night): _____

Email: _____

Today's date: _____

In the case of any emergency who should be contacted?

Emergency Contact Name:

Phone #:

1. _____

2. _____

Volunteer Experience:

Have you volunteered before? NO _____ YES _____ if so, what types of age groups? For whom? How long?

What are some of the highlights from previous volunteer experiences and/or employment relating to volunteering for the City of Brookhaven Parks and Recreation (BRPD)?

Do you have any unique skills or knowledge that you would like to share?

Volunteer Expectations/Interests: Why are you interested in volunteering at BRPD?



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Please circle all areas that you are interested in volunteering for BRPD:

- | | | |
|-------------------|-------------------------------|----------------------------|
| Nature Programs | Art Programs | Recreation Programs |
| Athletic Programs | Service Organization Projects | Specialized Skill Projects |

Acknowledgment:

All of the information contained in this application is true to the best of my knowledge. The City of Brookhaven Parks and Recreation (BRPD) has the right to refuse volunteer service at their discretion. I acknowledge that I am volunteering to assist BRPD and understand that as a volunteer that I will not be compensated for my donated services. I am not eligible for any workers' compensation benefits and I am not covered by any medical insurance in the event that I become injured while volunteering and BRPD cannot be held liable. I have completed the registration form attached to this application. I have also read and understand the above information.

Volunteer's Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

General Waiver and Photo Release

Waiver for Participation, I hereby agree to hold harmless and release the City of Brookhaven Parks and Recreation Department (BRPD), all its agents and employees, and owners of property managed by BRPD for any loss, damage, injury and expenses as may arise or be caused in any way by my or my child's participation in programs/use of property associated with BRPD.

Photo Release, by participating in any BRPD program, I hereby agree to allow photographs to be taken of me or my child and to permit the BRPD to use any photographs for promotional reasons.

Signature (Required): _____ Date: _____

(If the participant is under 18, this waiver must be signed by parent or guardian)



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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Brookhaven Police Department, whether such records are of a public, private, or confidential nature.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be used in determining my suitability and continuing suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Brookhaven Police Department to be a participant in the determination process of employment suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

Full Name	Signature	
Street Address	Date	
City/State/Zip	Sex	Race
Social Security Number	Date of Birth/Driver License Number/State	