



Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Check Preferred Task

- | | |
|--|---|
| <input type="checkbox"/> General Volunteer | <input type="checkbox"/> Administration Volunteer |
| <input type="checkbox"/> Kid's Corner Volunteer | <input type="checkbox"/> Logistics Volunteer |
| <input type="checkbox"/> Entertainment Volunteer | <input type="checkbox"/> Student Volunteer (10 hrs max) |
| <input type="checkbox"/> 5K Volunteer | <input type="checkbox"/> Food Volunteer |
| <input type="checkbox"/> Vendor Volunteer | <input type="checkbox"/> Workshop Volunteer |

LIABILITY RELEASE FORM

I hereby release the partnership and its affiliates from the responsibility for any illness, injury or personal property damage which may be sustained while participating in any of the events associated with wellness day. By signing below, i am affirming that i am at least 18 years old, have read this document and understand its contents. Further, i hereby grant full permission to use my name and any photographs or other record of my participation in this event for publicity and/or promotional purposes without obligation or liability. All participants must read the terms and conditions on-line at www.wellnessdaysouthcobb.com. As a vendor or other participation for the joining hands in wellness day event, by completing and submitting applications or forms, or by participating in the joining hands in wellness day event, participants are acknowledging and agreeing to be bound by the wellness day terms and conditions. Electronic submissions and electronic signatures will be considered acceptance of the terms and conditions. By completing and submitting applications or forms, or by participating in the event, participants are agreeing to the use of their e-mail addresses by the partnership for the purpose of e-mail newsletters and other notifications.

Signature: _____ Date: _____

(Parent's Signature if under 18)

**VOLUNTEERS ARE REQUIRED TO ATTEND OUR VOLUNTEER TRAINING SCHEDULED THE WEEK OF THE EVENT.
DATES & TIMES WILL BE POSTED ON THE WEBSITE.**

As a volunteer with Joining Hands In Wellness Day you can expect:

- To be involved with organizations that is dedicated to promoting wellness.
- A supportive and positive environment that ensures you enjoy your volunteering
- To be treated with respect and courtesy
- To be treated fairly regardless of gender, sexual orientation, age, parental or marital status, disability, religion, color, race, ethnic or national origins, or socio/economic background
- Recognition and thanks
- Equal opportunities
- Respect for your right to privacy and that of your contacts

In return we ask that you:

- Honor your commitment
- Support our aims and objectives
- Remember that you are a representative of Joining Hands In Wellness Partnership
- Reach a shared understanding with us summarizing your role and commitment
- Are open and honest in your dealings with us
- Treat fellow volunteers and staff with courtesy and respect
- Let us know if you wish to change the nature of your contribution
- Let us know if we can improve the service and support that you receive