



West Central Health District
2100 Comer Avenue
Columbus, Georgia 31904
706-321-6300

Volunteer Application

Personal Information

Name _____ Cell Phone _____

Address _____ Alternate Phone _____

_____ Email _____

Emergency Contact _____ Phone _____

Relationship _____ Alternate Phone _____

Skills _____

What type of work or area are you interested in? _____

When do you want to start? _____

How long do you want to volunteer? _____

What times are you available?

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Would you be available to work an event on a Saturday? _____ Time _____

Employment

Present/Last Employer _____ Position _____

Address _____ FT/PT _____

References (No Relatives)

Name _____ Phone _____

Name _____ Phone _____

Release & Agreement

I have agreed to participate in the Volunteer Program at the West Central Health District, Columbus Health Department and understand that I will not be paid for my services and will not be covered by Workers' Compensation insurance, as are employees of the West Central Health District and Columbus Health Department.

As a participant in the Volunteer Program, I release the West Central Health District, Columbus Health Department, the Georgia Department of Human Resources and their officials, employees, agents and volunteers/interns from all liability of any kind whatsoever including, but not limited to, claims, demands, actions or causes which may arise out of my participation and waive all rights which I may have against the West Central Health District, Columbus Health Department, the Georgia Department of Human Resources and their officials, employees, agents, interns and other volunteers.

Furthermore, I agree that I will not assist any other person or entity in making a claim or bringing a legal action against the West Central Health District, Columbus Health Department, the Georgia Department of Human Resources and their officials, employees, agents, interns and other volunteers for any matter which might arise out of my participation in the Volunteer Program.

I understand that my attendance and involvement in the Volunteer Program is strictly voluntary and that I am participating at my own risk.

I have read and agree to the foregoing terms and conditions of this Release & Agreement.

Signature Date

Department Head/Manager Date

Volunteer Coordinator Date