

School \_\_\_\_\_



**VOLUNTEER APPLICATION  
2015-2016 ACADEMIC YEAR**

**Name** \_\_\_\_\_

**Last**                      **First**                      **Middle**                      **Maiden**                      **Suffix**

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Phone Numbers: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Employer / If Student, School & Grade** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Medical Conditions we may need to know about** \_\_\_\_\_

**Children enrolled in Bibb County Schools:**

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**Student Name** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**Student Name** \_\_\_\_\_



**VOLUNTEER INFORMED CONSENT RELEASE AND  
HOLD HARMLESS AGREEMENT  
2015-2016 Academic Year**

I, \_\_\_\_\_, in consideration of participation as a volunteer for the Bibb County School District at \_\_\_\_\_ (school) hereby waive, hold harmless and release the Bibb County School District, its employees and agents for any claims, damages or injuries arising out of or in connection with or resulting from my participation in such activities.

I understand that such activities may subject volunteers to various dangers or risks of personal injury, or even a fatality, as well as other injuries or damages. These risks and dangers have been considered by me, and I voluntarily choose to participate and assume all such dangers and risks.

I understand, acknowledge and agree that as a volunteer, I am not covered by workers' compensation insurance or benefits provided thereunder. I also understand that I have agreed freely and without pressure or coercion to volunteer my services to the Bibb County School District. As a volunteer, I am not entitled to any compensation and am not subject to the Fair Labor Standards Act.

This release is intended to discharge the Bibb County School District, its agents, representatives and employees from and against any and all liability arising out of, or connected in any way with, my participation in these voluntary activities even though that liability may arise out of the negligence or carelessness on part of the Bibb County School District and/or persons mentioned above.

Date: \_\_\_\_\_

\_\_\_\_\_  
{Volunteer Participant's Signature}

Date: \_\_\_\_\_

\_\_\_\_\_  
{Witness's Signature}

CC: Volunteer  
Principal/Facility/CIS

