

Please print clearly in black or blue ink.

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Emergency Contact and Phone: \_\_\_\_\_

Health Conditions or Special Needs: \_\_\_\_\_

Allergies: \_\_\_\_\_

### AREA OF INTEREST:

Gardens/Horticulture (M-F only)    Visitor Services (Approval needed)    Special Events

### AVAILABILITY (check all that apply):

M    T    W    TH    FR    SA    SU

Morning    Afternoon (before 5pm)    Evening (Special events only)

CHARGE(S)/ REASON COMMUNITY SERVICE WAS ASSIGNED \_\_\_\_\_

COMMUNITY SERVICE HOURS ASSIGNED: \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

### RELEASE OF LIABILITY:

In conjunction with my voluntary involvement undertaken for and with the participation and support of the Maymont Foundation, I, \_\_\_\_\_, hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Maymont Foundation, its officers and directors, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Maymont Foundation, its officers and directors, agents and volunteers harmless from any cause of action, claim or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. I hereby grant Maymont Foundation the irrevocable right to use my name and likeness in any film, video tape, audio tape, photographs, slides, combinations thereof, for inclusion in any promotional or advertising purposes, without any payment to me. By signing below I certify that the information provided in this application is true and correct to the best of my knowledge.

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

Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE RETURN COMPLETED APPLICATION TO:

Mail: Volunteer Coordinator, Maymont Foundation, 1700 Hampton Street, Richmond, VA 23220

Fax: 804-358-9994 (fax)

E-mail: [volunteer@maymont.org](mailto:volunteer@maymont.org)

### QUESTIONS?

Contact the Volunteer Coordinator at [volunteer@maymont.org](mailto:volunteer@maymont.org) or 804-358-7166, ext. 327