**Volunteer Application for Groups**

**Personal Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate

Address

City State Zip Code

Phone \_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Health Insurance Company

In case of emergency, please contact:

Name Relationship

Phone # Alternate Phone #

**Volunteer Agreement, Waiver and Liability Release**

**I certify that the information given in this volunteer application is true and correct and has been given voluntarily. I understand that this information may be disclosed to any party with legal interest, and I release the Friends of Birmingham Botanical Gardens and Birmingham Botanical Gardens from any liability whatsoever for supplying such information.**

**I understand that I will not be paid for my services as a volunteer, and I will adhere to volunteer program guidelines stated in the volunteer handbook.**

**The Friends of Birmingham Botanical Gardens and Birmingham Botanical Gardnes is not responsible for an injury or accident that may occur during my participation as a volunteer in any activity or event. I understand by checking the “I agree” box below that I assume full responsibility for any injury or accident that may occur during my participation as a volunteer and I hereby release and hold harmless and covenant not to file suit against the Friends of Birmingham Botanical Garden, employees and any affiliated individuals (“releases”) associated with my participation from any loss, liability or claims I may have arising out of my participation, including personal injury or damage suffered by me or others, whether caused by falls, contact with participants, conditions of the facility, negligence of the releases or otherwise. If I do not agree to these terms, I understand that I am not allowed to participate in the volunteer program.**

**I AGREE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)**