251.427.3367 Office
12401 Bellingrath Gardens Road
Theodore, AL 36582
Bellingrath.org

Volunteer Application

PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____

Address: _____

Email: _____ Phone: _____

Preferred Contact Method: ☐ Phone ☐ Email ☐ Text

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Please inform us of any health conditions that may affect your ability to perform certain tasks:

_____

If you are volunteering as part of a group, please provide the name of the group:

_____

SKILLS & EDUCATION

Language(s) Spoken: _____

Language(s) Read/Written: _____

Highest Level of Education Completed: _____

Special Skills and Interests: _____

Additional Information You Would Like to Share:

AVAILABILITY

Days and Hours You're Available to Volunteer:

How Long Would You Like to be a Volunteer at Bellingrath:

INTERESTS

Why are you interested in volunteering at Bellingrath Gardens & Home?

What type of volunteer work are you interested in? Check all that apply.

- ☐ Horticulture / Gardening
- ☐ Special Events
- ☐ Gift Shop
- ☐ Visitor Center
- ☐ Education Program
- ☐ Café

Signature

Date

For more information about volunteer oppurtunities, please email us at **Bellingrath@bellingrath.org.**

Bellingrath Gardens & Home is committed to equal opportunity and non-discrimination in all aspects of employment, regardless of race, color, religion, gender, national origin, age, disability, or any other protected status. Our employment decisions are based on qualifications, merit, and current business requirements. We do not offer court-ordered community service as a volunteer opportunity.

Equal Volunteer Opportunity

- Decisions about volunteers will be based on merit, qualifications, competence, skill level and ability. A volunteer's race, color, religion, gender, sexual orientation, national origin, veteran status, physical or mental disability, or other characteristics protected by law shall not be influenced.

Recording Volunteer Hours

- Volunteers will record their hours on the Sign In/Sign Out Sheet at the beginning and end of their shift in the Visitor Entrance building. Should the volunteer fail to record his or her time, the volunteer is to contact the Volunteer Coordinator by phone or email to record the appropriate time.

Appropriate Attire

- All Bellingrath Gardens & Home volunteers are to be dressed in appropriate attire suitable for the job, including sturdy footwear and based on weather conditions. Sunscreen, bug spray, and hats are suggested for outdoor opportunities. Volunteers are to wear their Bellingrath Gardens & Home nametags while volunteering.

Personal Belongings

- Volunteers are encouraged to keep their valuables and personal belongings in the Volunteer Office. Bellingrath Gardens & Home is not responsible for lost or stolen property.

Professional Behavior

- Volunteers are expected to maintain a professional decorum. Bellingrath Gardens & Home does not tolerate any form of sexual harassment, alcohol or illegal drug use, property damage, theft and possession of weapons. Disciplinary actions will be taken when appropriate.

Absences

- Unavoidable absences should be reported as soon as possible to the Volunteer Coordinator.

Media/Photo Release

- To withhold a clear, positive message of Bellingrath Gardens & Home, volunteers should not respond to any media inquiries if approached on property seeking information about Bellingrath Gardens & Home. All inquiries should be directed to the Director of Public Relations/Marketing.

Volunteers may be photographed while on property to be for promotional purposes, including but not limited to brochures, advertisements, web site and/or press releases. Bellingrath Gardens & Home reserves the right to photograph adults, ages 18 and older. Should a volunteer not wish to have his or her picture used, they are to contact the Volunteer Coordinator.

Guests may be inclined to offer donations/tips to volunteers; however, the volunteer should be gracious in not accepting these offerings, but instead thank them for their generosity and that if they wish, they can donate it to the Gardens at their discretion.

Bellingrath Gardens & Home

VOLUNTEERRELEASEANDWAIVEROFLIABILITY

This VOLUNTEER RELEASE AND WAIVER OF LIABILITY (this "**Release**") is agreed to by me in favor of Bellingrath Garden & Home Foundation, Inc., a not-for-profit corporation organized and existing under the laws of the State of Alabama, and its members, trustees, directors, officers, employees, volunteers, and agents (collectively, the "**Organization**").

I desire to volunteer for the Organization and engage in activities related to being its volunteer (the "**Activities**"). I understand that as a volunteer I will receive no compensation or remuneration for my services and will not be eligible for any employee benefits. I acknowledge that I am not an employee.

In exchange for serving as a volunteer and for other good and valuable consideration, the receipt and sufficiency of which I acknowledge, I hereby freely, voluntarily, and without duress execute this Release and agree to the following terms:

1. Compliance with Policies. I acknowledge and agree that I have received, read and will comply with the Organization's volunteer policies and all other applicable policies and procedures, training, and safety rules of the Organization.

2. Assumption of Risk. I am aware and understand that the Activities may expose me to a variety of foreseen and unforeseen hazards and risks. I acknowledge that I am voluntarily participating in the Activities and have considered those risks. I hereby expressly and specifically assume such risks, including any and all risk of injury, harm, or loss that I may incur as a result of my participation in the Activities.

3. Medical Treatment. I hereby give consent and authority to the Organization to obtain medical treatment on my behalf if I am injured or require medical attention during my participation in the Activities. I understand and agree that I am solely responsible for all costs related to such medical treatment, medical transportation, and/or evacuation. I hereby release, forever discharge, and hold harmless the Organization from any claim whatsoever in connection with such treatment or other medical services.

4. Release and Waiver. I hereby fully and forever release and discharge the Organization from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in the Activities. I agree not to make or bring any such claim or demand against the Organization, and fully and forever release and discharge the Organization from liability under such claims or demands.

I UNDERSTAND THAT THIS RELEASE DISCHARGES THE ORGANIZATION FROM ANY LIABILITY OR CLAIM THAT I MAY HAVE AGAINST THE ORGANIZATION WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE, OR PROPERTY LOSS THAT MAY RESULT FROM THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF THE ORGANIZATION OR OTHERWISE

5. Insurance. I UNDERSTAND THAT THE ORGANIZATION DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE OF ANY NATURE IN THE EVENT OF MY INJURY, ILLNESS, OR DEATH, OR DAMAGE TO OR LOSS OF MY PROPERTY.

I also understand that workers' compensation insurance is not available to volunteers and that the Organization does not provide workers' compensation insurance for volunteers. I expressly waive any claim for compensation or liability on the part of the Organization in the event of any injury or medical expense.

6. Indemnification. I hereby agree to indemnify, defend, and hold harmless the Organization from any and all liability, losses, damages, judgments, or expenses, including attorneys' fees, that it may incur or sustain as a result of my negligence, recklessness, or willful misconduct in connection with my participation in the Activities, arising out of any third-party claim.

7. Photographic Release. I understand and agree that during the Activities, I may be photographed and/or videotaped by the Organization for internal and/or promotional use. I hereby grant and convey to the Organization all right, title, and interest, including but not limited to, any royalties, proceeds, or other benefits, in any and all such photographs or recordings, and consent to the Organization's use of my name, image, likeness, and voice in perpetuity, in any medium or format, for any publicity without further compensation or permission.

8. Miscellaneous. I hereby agree that this Release represents the full understanding between the Organization and me and supersedes all other prior agreements, understandings, representations, and warranties, both written and oral, between us, with respect to the subject matter hereof. If any term or provision of this Release shall be held to be invalid by any court of competent jurisdiction, that term or provision shall be deemed modified so as to be valid and enforceable to the full extent permitted. The invalidity of any such term or provision shall not otherwise affect the validity or enforceability of the remaining terms and provisions. This Release is binding on and inures to the benefit of the Organization and me and our respective heirs, executors, administrators, legal representatives, successors, and permitted assigns. Section headings are for convenience of reference only and shall not define, modify, expand, or limit any of the terms of this Release.

9. Governing Law. I hereby agree that this Release is intended to be as broad and inclusive as permitted, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Alabama, without reference to any choice of law doctrine.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ORGANIZATION.

Signature of Volunteer: _____

Name of Volunteer (please print):

_____

Address: _____

Date: _____

If the volunteer is under 18 years of age, a parent or legal guardian must also sign.

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby consent in all respects to the terms of this Release. I authorize the Organization to obtain medical treatment for such minor and release it from liability in accordance with Section 3 of this Release.

Signature of Parent or Legal Guardian:

Name of Parent or Legal Guardian (please print): _____

Address: _____

Date: _____