



Volunteer Application

Oglethorpe County Senior Citizen Center
oglethorpecountyga.gov
Crawford, Georgia 30630 · 706-743-5270

Application Instructions

1) APPLICATION COMPLETION:

Every question must be fully, correctly and legibly answered. Do not use initials -- spell out all names. Incomplete applications will be returned to the applicant for proper completion. If the space provided is not enough for a full and complete answer, use a separate sheet of paper and indicate that a separate sheet is attached.

2) Release of Liability Form

Release of liability form relinquishes all responsibility of Oglethorpe County Government.

3) Photo & Video Release Form

Photo & video release form allows the Oglethorpe County Government to take photos and videos of you for the placement on the Oglethorpe County website and social media platforms.

4) CRIMINAL HISTORY & FINGERPRINTING CONSENT FORM

Georgia Crime Information Center (GCIC) Council rules require that the consent form on page 5 of the application be completed, signed, and notarized prior to any criminal history investigation by the Oglethorpe County Sheriff Department or Probate Court. Information requested for race and sex is for investigation purposes only.

RETURN APPLICATION AND INFORMATION:

Physical Address: 19 Oglethorpe Dr. Crawford, GA 30630

Mailing Address: 19 Oglethorpe Dr. Crawford, GA 30630

Phone Number: (706) 743-8848



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Volunteer Information:

Applicant Name: _____
Email: _____ **Phone #:** _____
Age: _____ **Date of Birth:** _____ **Gender:** _____
Street Address: _____

Mailing Address: _____

Check if the Same as Street Address

STAFF USE ONLY:

Date Received: _____
Staff Initial: _____
Notes:

Emergency Contact Information:

Name: _____
Phone #: _____ **Relationship:** _____

Volunteer Opportunities: (Circle Interest)

- | | |
|--------------------|--------------------|
| Food Bank Giveaway | Home Deliver Meals |
| Bingo Calling | Kitchen Helper |
| Planting Flowers | Art Room Helper |
| Car Washing | Floor Sweeping |
| Decorating | Craft Helper |
| Party Help | Serving Food |

Other: _____

NOTICE

I, _____, applicant, do solemnly swear, that there are no willful misrepresentations or falsifications in any of the information on this application. I understand that should it be determined that this application contains any false information or any type of misrepresentation or falsification, my application will be rejected.

(Applicant Signature)

(Date)



Volunteer Waiver

Oglethorpe County Government
oglethorpecountyga.gov
P.O. Box 261 · Lexington, Georgia 30648 · 706-743-5270

WAIVER AND RELEASE FORM RELEASE OF LIABILITY

In return for being allowed to participate in Oglethorpe County Government volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the under-signed Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter re-ferred to using "I", "me", or "my") releases and agrees not to sue the Oglethorpe County Government or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property dam-age, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Oglethorpe County Government are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless the Oglethorpe County Government for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the Oglethorpe County Government have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Oglethorpe County Government.

(Signature of Volunteer)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18)

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.



PHOTO(S) & VIDEO(S) RELEASE FORM

Oglethorpe County Government has an ongoing effort to make our website and social media platforms a primary source for information pertaining to the community. Through this source, visitors to the website and county social media, including but not limited to potential sponsors and partners, media, residents, and constituents, will be able to access view photo(s) and video(s) in order to help locate and learn about the community via the website and social media platforms.

This form is a photo(s) & video(s) release waiver authorizing the Oglethorpe County Government to post photo(s) & video(s) of you on the County Government website & social media platforms.

I hereby grant permission for any photo(s) & video(s) taken of me to be posted on the website or social media platforms of the Oglethorpe County Government.

Furthermore, the Oglethorpe County Government shall be allowed at anytime to terminate, delete, or remove the posting or listing of any contact information and photo(s) on the county website and social media platforms without notice to you or your business.

Fill out only the information you wish to be published on the county's website or social media platforms:

Name of Individual: _____

Address: _____ City, State, & Zip: _____

Phone Number: _____

(Signature of Volunteer)

(Date)

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies

(Signature of Parent/Guardian)

(Date)

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

**If you have any questions, please contact Zachary Harris at the Oglethorpe County Board of Commissioners Office, 706-743-5270.



Criminal History & Finger Printing Consent Form

I, _____, **AUTHORIZE OGLETHORPE COUNTY TO FINGER PRINT ME**
(Print Name)
AND RECEIEVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME.

_____	_____	_____
(First Name)	(Middle Name)	(Last Name)
_____	_____	_____
(Date of Birth)	(Social Security Number)	(Driver License Number)
_____	_____	
(Race)	(Sex)	

(Signature of Applicant)

SWORN AND SUBSCRIBED BEFORE ME THIS
_____ DAY OF _____, 20_____

NOTARY PUBLIC

My Commission Expires: _____