

Keep Brazos Beautiful Volunteer Application

Date of Application	
Event	
Event Date	
Shift Preference	
Group/Organization Volunteering with	
T-shirt Size (Texas Trash Off Only)	

Personal Information	
Name of Applicant	
Other Names Used	
Date of Birth	
Texas Driver's License Number	
Mailing Address	
Home Phone Number	
Alternate Phone Number	
Email Address	
Place of employment	
<p>Please check all that apply. Check marks declare a YES answer. Do YOU/Have YOU:</p> <p><input type="checkbox"/> Have any health conditions/limitations past or present, which may be affected by the service you provide during this event? If so, please explain:</p> <p><input type="checkbox"/> Ever been convicted of any felonies and/or misdemeanors, which prohibit you from working with or within the same vicinity of minors?</p> <p><input type="checkbox"/> Agree to allow Keep Brazos Beautiful and its affiliates to use my photograph and name for any and all promotional purposes?</p>	

Interests	
<p>Please check all that apply. Check marks declare a YES answer. Would you be interested in volunteering for any of the following?</p>	
<p><input type="checkbox"/> This event again next year?</p> <p><input type="checkbox"/> Other KBB events:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Texas Trash Off <input type="checkbox"/> Litter Free Events <input type="checkbox"/> Annual Awards Gala <input type="checkbox"/> Annual Tree Sale <input type="checkbox"/> Campus Clean-ups <input type="checkbox"/> Brazos Valley Earth Day <input type="checkbox"/> Community Cares Program 	<ul style="list-style-type: none"> <input type="checkbox"/> Arbor Day <input type="checkbox"/> Litter Tackle Box <input type="checkbox"/> Litter Posse <input type="checkbox"/> Wildflower Campaign <input type="checkbox"/> Community Tool Shed Program <input type="checkbox"/> Texas Recycles Day <input type="checkbox"/> Young Environmental Leaders League <input type="checkbox"/> Family Nature Explore Program <input type="checkbox"/> Community Gardening Initiative <input type="checkbox"/> Office Help <input type="checkbox"/> KBB Board of Directors <input type="checkbox"/> Other:

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Emergency Contact Information	
Emergency Contact Name	
Relationship to Applicant	
Emergency Contact Phone Number	
In the event of an emergency does the staff of Keep Brazos Beautiful have your consent to obtain medical services for you? ___ Yes ___ No	
Hospital Preference	

By signing below I fully intend to uphold the policies and mission of Keep Brazos Beautiful.

I agree to complete the duties required within the work shift I have been designated and will notify the appropriate staff person within ample time if I am unable to do so.

I agree there will be zero tolerance on behalf of KBB for any use or influence of alcohol, controlled, or illegal substances while on grounds designated for KBB purposes and events and during volunteer performance. I also agree not to have any such substance in my possession during this time.

*I agree to have a criminal background check performed at the expense of KBB mandated for volunteers working with minors on any level. *(Only required for those volunteers working with youth events)*

I agree to notify KBB designated staff of any concerns I have while participating in the fore mentioned event.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE. I ALSO HEREBY, FOR MY GROUP, MEMBERS, AGENTS, & VOLUNTEERS, FOR MYSELF, MY HEIRS, & EXECUTORS, WAIVE AND RELEASE ANY & ALL CLAIMS FOR DAMAGES THAT MAY ARISE AND/OR FOR ANY TYPE OF INJURIES OR LOSSES INCURRED WHILE PARTICIPATING AND/OR VOLUNTEERING IN OR IN CONJUNCTION WITH THE ABOVE MENTIONED EVENT.

Signature of participant/volunteer: _____ **Date:** _____

Staff witness: _____ Date: _____

FOR YOUTH VOLUNTEERS (Under age 18)

I HEREBY CERTIFY THAT AS THE PARENT/CUSTODIAN OF _____ THE ABOVE INFORMATION IS ACCURATE. HE/SHE HAS MY PERMISSION TO PARTICIPATE IN _____ I ALSO HEREBY WAIVE AND RELEASE ANY & ALL CLAIMS FOR DAMAGES THAT MAY ARISE AND/OR FOR ANY TYPE OF INJURIES OR LOSSES INCURRED WHILE PARTICIPATING AND/OR VOLUNTEERING FOR OR IN CONJUNCTION WITH THE ABOVE MENTIONED EVENT.

Signature of parent/custodian: _____ **Date:** _____

