



## Cheekwood Teens Program Application

We welcome your interest in our Cheekwood Teens Summer Program! Please fully complete this application.

\*This program is for teens age 16, 17 and 18 (if in high school or just graduated).

SEND APPLICATIONS TO:

Cheekwood-Teens Program, Attn: Volunteer & Community Engagement Manager  
1200 Forrest Park Dr, Nashville, TN 37205 or email to [volunteers@cheekwood.org](mailto:volunteers@cheekwood.org)

Today's Date: \_\_\_\_\_ Volunteer Name: \_\_\_\_\_  
Preferred Nickname (if any): \_\_\_\_\_ Age on May 28, 2018: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Are you 18 years of age? Yes \_\_\_ No \_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Primary e-mail for contact School: \_\_\_\_\_  
Current Grade: \_\_\_\_\_  
Ethnicity (optional): \_\_\_ White (European, North Africa, Middle East) \_\_\_ Black or African-American \_\_\_ Hispanic or Latino \_\_\_ Asian \_\_\_ American Indian or Alaskan Native \_\_\_ Native Hawaiian or Pacific Islander \_\_\_ Two or more races/ethnicities \_\_\_ Decline to state

### Parent/Guardian Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

List your hobbies and/or interests.

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List any organizations, groups, or teams in which you participate.

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Please list any places (and dates) where you have previously worked and/or volunteered.

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## Youth Volunteer Waiver Agreement

This Waiver Agreement, made and entered by and between the Cheekwood Estate and Gardens, 1200 Forrest Park Dr, Nashville, TN 37205, herein referred to as "Cheekwood", and

\_\_\_\_\_  
Volunteer Name (please print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

I understand that I am volunteering for activities with Cheekwood. I understand that as a volunteer, I may be involved in physical activities that have a potential risk of injury. I assume this risk. I agree that I will perform activities that I am comfortable doing and follow all instructions.

Through this Waiver Agreement, the Volunteer does hereby knowingly release Cheekwood, its officers, directors, employees, agents and volunteers from any claim, demand or cause of action that may be asserted by or on behalf of me as a result of my volunteering for Cheekwood. I agree to be responsible for my behavior and to indemnify and hold harmless Cheekwood its officers, directors, employees, agents and volunteers from any damages or liabilities arising out of my activities as a volunteer for Cheekwood.

Through this permission form I agree that I will abide by the rules laid forth by the staff supervisor for my assignment. I understand that any divergence from the rules may result in immediate dismissal from Volunteer service. No smoking is permitted on Cheekwood grounds.

I authorize that my child may participate in Cheekwood's volunteer opportunity and I authorize Cheekwood's employees to take all necessary steps to insure my child's health and safety in case of an emergency. \_\_\_\_\_ (Initials of parent or guardian)

### Photograph Release Agreement

I grant Cheekwood to use my name, photographs and video for education, public relations and marketing purposes while volunteering without pay.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**\*If the Volunteer is an individual under the age of eighteen, a Parent or Legal Guardian must also sign and date this Waiver Agreement.**

\_\_\_\_\_  
Name: Parent/Legal Guardian (Print)

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

In case of an emergency, please notify:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number(s)

Name of Service Area (s): \_\_\_\_\_