Friends of The Colony
Volunteer Application Form

Event: _____

First Name	Last Name	Middle Initial

Address

City	State	Zip

Home Phone	Cell Phone	Date of Birth

Email Address

Emergency Contact Person	Emergency Phone Number(s)

☐ Yes, I am 18 years of age or older. ☐ No, I am not yet 18 years of age. I am _____ years old as of today.

PLEASE READ BEFORE SIGNING:

As a volunteer for the City of The Colony, I agree:

To follow the City of The Colony volunteer policies, rules and procedures.
To represent the City of The Colony in a professional manner and portray a positive image to the community.
Not to engage in sexual or inappropriate behavior with patrons.
Not to consume alcohol or illegal drugs before or during my volunteer scheduled time.
To avoid the use of profanity while on site.
To allow the City of The Colony to use my likeness, voice, photograph and words in any form for promoting activities without compensation.

WAIVER OF LIABILITY:

In consideration of the City of The Colony allowing me / my child to participate in the Friends of The Colony Volunteer Program, and being aware of the possible injuries that could occur as a result of this participation, I, on behalf of myself or my minor child, release the City of The Colony officials, employees, agents, instructors, from any and all injuries and damages whatsoever arising from participation in any City of The Colony event.

I, my heirs and representatives, agree to indemnify, save and hold harmless the City of The Colony, its officials, employees and agents from any and all claims made by me/my child or my insurer for injuries or damages related to any City of The Colony event.

I affirm I have read the above and the information I have given is true and complete.

_____
Signature of Volunteer and Date

_____
Signature of Parent, if applicant is under the age of 18, and Date

Please return this signed application to the FOTC Volunteer Coordinator prior to participating in any volunteer activities.