



**CITY OF LOVEJOY**  
2296 Talmadge Road | Lovejoy, Georgia 30250

## VOLUNTEER AGREEMENT & WAIVER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

- Volunteers must sign in and sign out at the designated station for all events.
- You must wear the provided Volunteer ID Badge for the duration of your volunteer time.
- Volunteers are expected to conduct themselves in a friendly and courteous manner.
- Be mindful that giveaways and food at City functions are meant for guests to enjoy. Please do not take more than the allotted amount.
- Volunteer assignments will be mandated by the staff member(s) managing the event. Requests for specific assignments will not be considered unless you have a related health concern.
- We ask that volunteers immediately notify the staff of all safety concerns that may arise
- All volunteers must consent to a name-based criminal background check conducted by the Lovejoy Police Department. Submit the consent form with this waiver for consideration. Disqualifiers include felonies, crimes against persons, and crimes of moral turpitude.

*Individuals that fail to comply with the rules set forth may be removed from the volunteer list.*

IN CONSIDERATION OF the above named individual being allowed to participate in any way in the City of Lovejoy's events and activities, I, the undersigned acknowledges and agrees that:

- The risk of injury to participant from the activities involved in these programs exists but unlikely. Injury may include the potential for falling, exposure to heat/cold, and/or death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- FOR MYSELF, SPOUSE, AND/OR CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE CITY or others, and assume full responsibility for my nor my child's participation; and,
- I willingly agree to comply with the events stated and terms and conditions for participation and will exercise ordinary and reasonable due care. If I observe any unusual significant concern in my or my child's participation, I will remove myself or my child from the participation and bring such attention of the nearest emergency official immediately, if necessary; and,
- I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE CITY OF LOVEJOY, its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my or my child's involvement or participation in this event, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. IF ON BEHALF OF A MINOR, I, BY SIGNING BELOW, ACKNOWLEDGE AND AFFIRM THAT I AM THE PARENT AND/OR LEGAL GUARDIAN OF MINOR PARTICIPANT AND HAVE THE AUTHORITY TO SIGN ON MINOR'S BEHALF. FAILURE TO SIGN THIS AGREEMENT SHALL RESULT IN YOUR NON-PARTICIPATION.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# LOVEJOY POLICE DEPARTMENT

## CRIMINAL HISTORY REQUEST FORM

### NAME-BASED SEARCH ONLY

I hereby authorize the Lovejoy Police Department to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or National Criminal History record information as authorized by the state and federal law.

<b>Full Name</b>	LAST	FIRST	MIDDLE
<b>Address</b>	APT #		CITY, STATE, ZIP CODE
<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
			<b>State/Driver's License or ID No.</b>

Previous Last Names: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

This authorization is valid for \_\_\_\_\_ days from date of signature.

I \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history checks for the duration of my employment.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Attorney for Individual (Pur E and U Only) Bar Number Date

\_\_\_\_\_  
Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

**Purpose Codes:**

- |                                   |                        |                          |
|-----------------------------------|------------------------|--------------------------|
| E- Employment                     | N-Working with Elderly | W-Working with Children  |
| J-Civilian Criminal Justice       | P-Public Records       | Z-Sworn Criminal Justice |
| M- Working with mentally disabled | U-Personal Copy        |                          |

<p><b>RESULTS:</b> The inquiry resulted in the following: (mark all that apply)</p> <p><input type="checkbox"/> NO CHRI RESULTS AVAILABE</p> <p><input type="checkbox"/> CHRI ATTACHED/number of pages _____</p> <p><input type="checkbox"/> NO NCIC/GCIC WARRANT RESULTS AVAILABLE</p> <p><input type="checkbox"/> POSSIBLE WARRANT. CONTACT AGENCY BELOW:</p>	<p>By affixing the Lovejoy Police Department Seal, I certify that a criminal history request through GEORGIA was completed by the Lovejoy Police Department using Purpose Code(s) _____.</p> <p>Signature of Employee <span style="float: right;">Date</span></p>
---	---

ATTACH COPY OF VALID DRIVER'S LICENSE OR IDENTIFICATION CARD