



CRACKER COUNTRY HISTORY CONNECTOR APPLICATION

Name _____

Guardian Email _____

Address _____ City, State, Zip _____

Home Phone _____ Cell/Other Phone _____

Are you at least 18 yrs old? Yes / No If No: School _____ Grade _____

1. Briefly describe why you are interested in the History Connector Program at Cracker Country.

2. List some of your interests and hobbies.

4. Do you have any previous volunteer experience? If so, please describe.

5. Please list any previous paid work experience. (Include babysitting, paper routes, etc.)

I certify that the information I have provided is correct and truthful. I also understand that due to Cracker Country's involvement with children, a background check is performed on all applicants selected to serve in the Docent Program prior to their beginning work.

Signature _____ Date _____



HISTORY CONNECTOR RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN

I am the parent/guardian of _____, and I hereby represent
(History Connector's Name)

that he/she has my permission to participate in Cracker Country's volunteer program. I further represent and warrant that to the best of my knowledge and belief, he/she is physically and mentally able to volunteer. I understand that a background check is conducted on all accepted applicants prior to their beginning volunteer service.

In permitting him/her to volunteer, I am specifically granting my permission, (both during and anytime after) to Cracker Country to use his/her likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the programs activities of Cracker Country and/or to support the teen volunteer program.

If a medical emergency should arise during his/her volunteering at Cracker Country, at a time when I am not personally present so as to be consulted regarding his/her care, I hereby authorize Cracker Country, on my behalf, to take whatever measures are necessary to ensure that he/she is provided with any emergency medical treatment including hospitalization, which Cracker Country deems advisable in order to protect his/her health and well being.

I have read and fully understand the provisions of the above release. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and that of my child.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

This release must be notarized before acceptance into the History Connector Program.

STATE OF _____ COUNTY OF _____

The foregoing release was acknowledged before me this _____ by
(Date)

_____, parent/guardian of/for _____
(Name of parent/guardian) (History Connector's name)

Who has read the foregoing release and understands the contents thereof.

Notary Public