



Volunteer Information

Name _____ t-shirt size _____
 Address _____ city _____ state _____ zip _____
 home phone _____ cell phone _____
 Email _____ birth month & day _____
 Emergency contact: _____ phone _____

General Job Description: To be a partner with an adult with developmental disabilities: to help maintain attention to task, to see opportunities to expand his/her world, to model or give choices; engage in conversation; to stay with or meet back with the group; to help but not do for, may work side by side completing the same or different task, most importantly-have FUN!

DIGS volunteer opportunities: No experience necessary! All supplies needed will be supplied by DIGS.

Check all that apply.

- Art Club mentor or instructor: First Thursday of each month, 6:30-8:00 p.m.
- Garden Art Worker: Usually one day during the week or Saturdays morning or afternoon. Come when you can.
- Dance Club: Second Thursday of each month, 6:30-8:00 p.m.
- Help with a fundraiser: As scheduled.
- Serve on the Board of Directors
- Camera Club: Usually the Third week of each month, Friday or Saturday
- Other _____

I give my permission to be photographed and/or videoed and allow photos/videos to be used for the enjoyment of other members and families, with the sponsors of DIGS, Inc. and Rome-Floyd Parks & Recreation Authority, and in material representing DIGS, Inc., such as but not limited to programs, performances, exhibits, website and/or social media, with the community to promote awareness of the positive aspects of people with disabilities, in material to promote the mission of DIGS, Inc., such as but not limited to informational brochures and fundraising efforts.

- Check here if you agree to have your photo taken and used as stated above.
- Check here if you do not want your photo taken.

I certify that I am in good health and physical condition, and have no medical problems which would affect my ability to participate. I understand DIGS makes every effort to provide a safe environment but certain activities may inherently have opportunities for injury. I agree to release, indemnify and hold harmless DIGS, Inc., Rome-Floyd Parks and Recreation Authority, Network Day Service Center or City of Rome and their respective agents and employees, from all actions, liability, causes of actions, damages, or claims which I may incur. I agree to be responsible for my own safety and will notify leadership of anything believed to be hazardous. I further authorize RFPRA/DIGS, Inc. to seek emergency treatment if deemed necessary and I assume the costs for such treatment.

Signature _____ date _____

If needed:

Signature of Guardian _____ date _____