



Volunteer Application

Date

Name _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Date of birth: Month _____ Day _____ Year _____

Driver's License # _____ State Issued _____

RV License Plate # _____

Check Job Preference

(Please prioritize your preferred location using #1, 2 & 3 for your top choices. Choose at least 3 preferred locations. This does NOT guarantee placement in any specific location.)

Animal Care _____ Buffet _____ Concessions _____

Holy Land Tour _____ Play _____ Gallery/Museum _____

Car Parking _____ Grounds _____ Reservations _____

Construction _____ Gift Shop _____ First Aid _____

General Office _____ Security _____ Sales/Marketing _____

Maintenance _____ Custodial _____ Office _____

Welcome Booth _____ Ticketing _____

Circle Days **Mon** **Tue** **Wed** **Thurs** **Fri** **Sat** **Sun**

For information contact:

Kent Butler

Director of Operations
935 Passion Play Road
Eureka Springs, AR 72632
870-654-5017
kent@greatpassionplay.com
www.greatpassionplay.com

****All Volunteers must register upon arriving at the GPP. All rules of the GPP must be obeyed.**

For Office Use Only _____ Volunteer _____ GPP Owned RV _____ Vol Owned RV _____

R.V. SITE AGREEMENT

The Great Passion Play, hereinafter “**GPP**” does hereby allow the undersigned, hereinafter “Volunteer,” the space designated as (“Site”) for the placement of a Recreational Vehicle (“RV”), subject to the terms and conditions hereinafter stated:

1. The term of this agreement shall be from _____ based upon **Ten (10) Volunteer work hours per week per individual staying at the RV site.** Volunteers will be expected to clock in/out **AND** submit weekly volunteer project sheet accounting for your volunteer hours.
2. A Volunteer project sheet will be issued upon arrival. Project sheets are due back on a weekly basis. These sheets can also be turned in at GreatPassionPlay.org/volunteer
3. RV owner shall maintain the Site and the RV thereon in a clean and uncluttered condition at all times.
4. ATV’s, motorcycles, scooters, golf carts and other motorized conveyances (except those used in handicap assistance) may be ridden on GPP property provided the sound level is kept to a minimum and the vehicle must have headlights and reflectors to be used at night. All such units shall be insured with liability insurance and a copy provided to the office before being used on the site.
5. A valid driver’s license is required for drivers of motorized conveyances.
6. Sewer hose must have threaded connection for hooking to the sewer pipe.
7. Having pets in the **GPP** property is a privilege. Volunteers must immediately pick up all droppings. Barking or any other behavior that disturbs other volunteers or guests is not allowed and noisy aggressive pets will not be allowed to stay.
8. Quiet time is from 10:00PM to 7:00AM. Radios, music, and TVs must be at minimum volumes.
9. No disorderly conducts, loud music, loud vehicles, or offensive language is allowed.
10. Littering is prohibited. Garbage is to be placed in the dumpster provided for the RV Sites.
11. Outside clotheslines are prohibited.
12. Picnic tables are provided for your use. Clean up after use is required.
13. Hunting is not allowed on GPP property.

14. No trees may be cut without prior approval of GPP Management.

15. The RV Site/Facilities of the **GPP** are available for the convenience of the Volunteers and their guests. All persons using these facilities do so at their own risk. GPP management nor owners will not be responsible for accidents, injuries or loss of property by fire, theft, wind, floods or any unforeseen act beyond their control.

16. Violation of any law or ordinance of the county or state will not be tolerated.

17. I will (within 3 days) vacate GPP property if instructed to do so by GPP Management.

18. Any visitors staying longer than 7 days must be reported to GPP Management and must fill out Volunteer Application.

I AGREE TO THE ABOVE TERMS & CONDITIONS

Signed: Volunteer _____

Date: _____

The Great Passion Play

VOLUNTEER PROGRAM
WAIVER OF LIABILITY & PERMISSION FORM

It is agreed that I, _____, on behalf of myself, my heirs, assigns and estate, as a participant in the Great Passion Play ("GPP") *Volunteer Program* shall waive liability by and save and hold harmless from any and all claims against the GPP, its directors, officers, employees, agents, contractors or volunteers. I understand and agree that in return for this waiver and the other promises herein the GPP will permit me to participate in the *Volunteer Program* on the terms and conditions specified by the GPP.

It is further agreed that the undersigned is fully aware of the nature and extent of the potential hazards of working on the grounds of the GPP and of the nature and potential hazards of the volunteer work to be performed, and agrees that the GPP shall not be responsible or liable for any and all injuries sustained by me, as well as any loss, damage or expense arising out of my participation in the *Volunteer Program*. I grant permission to the GPP to utilize any medical emergency services it deems necessary to treat injuries to me.

I also agree to be personally responsible and liable for any and all injury, harm or any other incident that may occur to me before, during and after transit to and from the GPP. I understand that if I engage in behaviors considered by the GPP to be dangerous to myself, to the visiting public, guests, officers and employees of the GPP and/or to other volunteers, or which is contrary to the mission, goals or public image of the GPP, I may be removed from the program.

For the promises contained in this agreement I hereby grant and convey to the GPP all rights, title, and interest in any and all photographic images and video-audio recordings of me made in connection with activities conducted by the GPP, to be used for publicity, advertising, trade, editorial or any lawful purpose whatever.

The Volunteer understands that, except as otherwise agreed to by the GPP in writing, the GPP does not carry or maintain workers' compensation, health, medical, or disability insurance coverage for any volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Signature: _____ Date: _____

Medical Information

I have the following allergies (food, animal, medical, etc.): _____

I have the following medical conditions (diabetes, seizures, heart conditions, etc.): _____

Name and phone # of my Primary physician: _____

Name and phone # of my emergency contact: _____

Volunteer Application Checklist

- ____ Completed Volunteer Application
- ____ Copy of Drivers License
- ____ Copy of R.V. Insurance & Registration
- ____ Signed Liability Waiver

GPP Rep: _____

Date: _____