

Volunteer Registration

How did you hear about VCA? _____

Today's Date _____

Start Date: _____

VOLUNTEER INFORMATION:

Name: _____

Age: _____ **Check if Adult** Your Birthday: _____

Street Address: _____

Town: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____
(please write clearly)

Volunteer Lives with: Parent(s) Sister(s),
Brother(s), Significant Other, Spouse
(check all that apply)

School (if applicable): _____

Allergies and Health Issues: _____

Use back if needed

PARENT/GUARDIAN INFORMATION:
(If Under 18 Years)

Parent : _____

Cell Phone: _____

Daytime Ph: _____

E-mail: _____

Parent : _____

Cell Phone: _____

Daytime Ph: _____

E-mail: _____

Emergency Contact:
Name: _____

Relationship: _____

Phone: _____

Doctor: _____

Phone: _____

In the event of an emergency and I cannot be reached, I hereby give my permission for the Village Center Instructor or their staff to obtain treatment for my child. I hereby authorize any health care provider to rely on this consent for treatment for my child. I give permission for treatment provided by EMTs and by staff trained in first aid. I give permission and understand that Village Instructors, their staff, or emergency services will provide transportation to New Milford Hospital. I agree to hold harmless, the Village Center for the Arts, LLC, its agents, employees and independently contracted instructors, against and from all liabilities, claims, costs, charges, and the like, due to any injury to my child, and/or treatment arising from my child's participation.

SIGNED _____ DATE _____
Volunteer Signature or, if under 18, Parent/Guardian Signature

Availability						
Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.



Work/Volunteer Experience:

Place of Employment/Volunteering: _____ **Dates:** _____ **Duties Performed:** _____

How can you help? (pls check as many as you'd like) Studio Maintenance/Housekeeping ___
Assisting at birthday parties ___, Weekends ___, Assisting children's classes ___

Special Events: Advance Planning ___, Set up and break down of event ___
Represent VCA to the public at event ___, Assist w/craft at event ___

Special Skills: _____

First Aid Certification date: _____ **Babysitting Certification date:** _____ **I am not certified, but will become certified ASAP:** _____ (please initial)

Your Hobbies and Interests: _____

Please write a statement about why you would like to volunteer at VCA: _____

Who are your friends who already come to VCA, either as volunteers and/or students: _____

- I agree, if accepted, to fulfill my commitment to the jobs assigned to me at VCA.
- I will work all days agreed to and call if I cannot come to work due to illness.
- I will accept my assignments with good cheer.
- I understand that the jobs I am assigned, no matter how trivial they appear, hold an important role in the functioning of a working fine art studio.

Signature of Volunteer: _____ **Date:** _____

- I agree to the terms expected of my child.
- As their parent/guardian, I will bring and pick up my child at the agreed times and be considerate of their commitment to VCA.
- I understand that my child will receive a number of benefits with-in the studio with the accumulation of volunteer hours.
- **I understand that if my child needs to stay for an extended period of time beyond their work schedule, studio fees appropriate to my child's age, plus supplies, will be incurred.**

Signature of Parent/Guardian: _____ **Date:** _____

I, the undersigned, authorize Village Center for the Arts to record on video tape, photography, voice recording, or interview through print or other media, my child's first name, voice, image, artwork, and or performance for informational programs, reports, and promotional materials to be used for non-commercial purposes. I understand that neither my child nor I will receive compensation for this appearance and no private individual will receive compensation of any kind as a result of broadcasting this material.