



VOLUNTEER APPLICATION

NAME: _____ **DATE:** _____
FIRST, LAST

ORGANIZATION/SCHOOL: _____
(IF APPLICABLE)

PHONE: (_____) _____ **EMAIL:** _____

ADDRESS:

STREET CITY ZIP CODE

EMPLOYMENT STATUS (CIRCLE ALL THAT APPLY)

FULL TIME PART TIME STUDENT RETIRED NOT EMPLOYED

BRIEFLY EXPLAIN WHY YOU ARE INTERESTED IN VOLUNTEERING (INTEREST IN ARTS, COMMUNITY SERVICE OR SCHOOL RELATED SERVICE, ETC)

BRIEFLY DESCRIBE ANY EXPERIENCE/TRAINING/SKILLS YOU HAVE RELATED TO THE ARTS AND/OR EDUCATION

AGE GROUP(S) YOU HAVE EXPERIENCE WITH (CIRCLE ALL THAT APPLY)

PRESCHOOL SCHOOL-AGE TEEN ADULT SENIOR

SPECIFIC AREAS THAT YOU HAVE INTEREST IN SUPPORTING AT STUDIO ACE

- ADMINISTRATIVE SUPPORT (General/Office)
- CLASSES, ADULT (Support/Assist Studio Instructors)
- CLASSES, CHILD (Support/Assist Studio Instructors) ON SITE OFF SITE
- MATERIALS PREP, ART KITS, CLASS SET-UP/ CLEAN-UP, ETC
- SPECIAL EVENTS
- FUNDRAISING, GRANT WRITING
- TECHNOLOGY, SOCIAL MEDIA, MARKETING

OTHER (DESCRIBE) _____

AVAILABLE SERVICE DAYS/HOURS (CIRCLE ALL THAT APPLY)

MON	TUE	WED	THU	FRI	SAT	SUN
	MORNING		AFTERNOON		EVENING	

LANGUAGES SPOKEN: _____

Please verify that you have read and understand the terms of this Application.

The information I have provided is accurate and current. I understand that acceptance into the Studio ACE Volunteer Program and assignment to a volunteer position, is contingent upon completion of a Criminal Background Check (18 yrs and older), assessment by Studio Staff and availability of suitable position based on my skills and interests. I understand that misrepresentation of any information I have provided, or failure to maintain a DOJ fingerprint clearance, will result in immediate dismissal from Studio ACE Volunteer Program. I authorize verification of all information provided in this application. As a Volunteer at Studio ACE, I agree to abide by all guidelines, policies and protocols set by Studio ACE and its affiliates. I agree that Studio ACE maintains the right to release me from the Volunteer Program at any time. I realize and agree to hold harmless Studio ACE and its affiliates in the event that I am injured while participating as a Volunteer. I hereby release Studio ACE and its affiliates from any liability related to such an event. Your signature verifies your agreement to the terms and conditions of this application. Volunteers under age 18 require parent/guardian signature.

I agree to the above statement

SIGNATURE DATE: _____

Parent/Guardian Signature (required if under 18 years) DATE: _____

I agree to submit to a confidential Criminal Background Check (REQUIRED IF 18 years or older and working with children)

REFERENCE

NAME: _____ RELATIONSHIP: _____

CONTACT PHONE AND EMAIL: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

CONTACT PHONE AND EMAIL: _____

-----**OFFICE USE ONLY**-----

INTERVIEW SCHEDULED _____ REFERENCE CHECK _____

FINGERPRINT APPT _____ ASSIGNMENT/EVENT _____