



**Volunteer Application and Agreement Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Tele: \_\_\_\_\_ (H); \_\_\_\_\_ (C) EMAIL: \_\_\_\_\_

Date of Birth (if under 18): \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Phone) (Relationship)

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Type(s) of volunteer work in which you are interested:**

- Apprentice/Intern (ages 14-21)
- Beer/Wine Concession Worker (21+ only)
- Special Events
- Fundraising/Grant Writing
- Board of Directors
- Public Speaking/Presentations/Community Outreach
- Graphic Design/Marketing
- Other: \_\_\_\_\_

**List Your Past Volunteer Experiences:**

Organization: \_\_\_\_\_ Mo/Yr. to Mo./Yr. \_\_\_\_\_

Duties: \_\_\_\_\_

Organization: \_\_\_\_\_ Mo/Yr. to Mo./Yr. \_\_\_\_\_

Duties: \_\_\_\_\_

**Have you been convicted of a crime?** No \_\_\_ Yes \_\_\_

If yes, please describe: \_\_\_\_\_

**REFERENCES:** List two people, not related to you who have knowledge of your qualifications.

Name 1: \_\_\_\_\_ Tele: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name 2: \_\_\_\_\_ Tele: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

OVER →

**VOLUNTEER SERVICES AGREEMENT AND RELEASE**

**Photo Release:**

I give Artstart, free of compensation, unlimited permission to use, publish, and republish, in any media now in existence or that may later be developed, for any lawful purpose as it may determine, information and reproductions of my likeness and my voice related to any aspect of my volunteer service for Artstart. I hereby waive my right to first review the use of my likeness or voice before any use or publication.

**Reference Verification and Background Checks:**

The information I have provided in this application will only be used for volunteer application purposes. I understand that as a volunteer I will not be paid for my services. I authorize reference and employment verification as necessary for specific positions that I have volunteered to perform, as needed. I understand that I may be asked to complete one or all of the following for specific positions that I have volunteered to perform: fingerprinting, photographing, criminal background checks, and signed waiver from my doctor.

**Permission to Seek Medical Treatment:**

In the event of an emergency, I hereby give Artstart permission to seek medical attention for myself or—if volunteer applicant is less than 18-years-old—for my child. In case of illness or accident in the course of performing volunteer activities or services for Artstart, I authorize qualified physicians to render medical treatment or care that they may deem necessary for myself or for my child.

**Insurance Information and Liability Release:**

I understand that there are some risks and that I may be injured in the course of performing volunteer activities or services for Artstart. I agree that I will observe, comply, and abide by, all of the rules and regulations of Artstart at all times that I am performing volunteer services for Artstart. I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against Artstart and its respective officers, agents, employees and volunteers (hereinafter referred to as 'RELEASEES'), for injury or damage arising out of, related to, or connected with, my participation in these volunteer activities or services, from any cause whatsoever, including but not limited to RELEASEES' active or passive negligent acts or omissions. In addition, I hereby RELEASE and DISCHARGE the RELEASEES from all actions, claims, and demands of any nature that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage arising out of, related to, or connected with, my participation in these volunteer activities or services, from any cause whatsoever, including but not limited to RELEASEES' active or passive negligent acts or omissions.

By my signature below, I signify that I have read, understand, and voluntarily agree to be bound by each of the terms stated above\*.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*If under 18, parental consent is also required. To be completed by Parent or Guardian:**

I, \_\_\_\_\_ (PRINT NAME), give permission for my child,  
\_\_\_\_\_ (PRINT NAME), to participate in volunteer work with Artstart.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Artstart will make reasonable efforts in the selection process to accommodate persons with disabilities. Please advise Artstart of special needs at the time of application. An Equal Opportunity Employer.*

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**Received by (Artstart Staff or Board Member):**

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_