A Nonprofit Community Fine Arts Center Volunteer Registration

Today's Date	Start Date:	
VOLUNTEER INFORMATION: Name: Check if Adult Street Address: Town: State: Town: State: Home Phone:	PARENT/GUARDIAN INFORMATION: (If Under 18 Years) Parent: Cell Phone: Daytime Ph: E-mail: Parent: Cell Phone:	
provider to rely on this consent for treatment for my child. I give permission for trea ctors, their staff, or emergency services will provide transportation to New Milford	the Village Center Instructor or their staff to obtain treatment for my child. I hereby authorize attment provided by EMTs and by staff trained in first aid. I give permission and understand the I Hospital. I agree to hold harmless, the Village Center for the Arts, LLC, its agents, employed.	
	s, and the like, due to any injury to my child, and/or treatment arising from my child's particip DATE Parent/Guardian Signature	
Volunteer Signature or, if under 18, F		
Volunteer Signature or, if under 18, F	ilability***	

Work/Volunteer Experience: Place of Employment/Volunteering:	Dates:	Duties Performed:
How can you help? (pls check as many as you' Assisting at birthday parties, Week		
Special Events: Advance Planning Represent VCA to the public at even		
Special Skills:		
First Aid Certification date: Bacertified, but will become certified ASAP:	-	
Your Hobbies and Interests:		
Please write a statement about why you wo	uld like to volunteer	at VCA:
Who are your friends who already cor	ne to VCA, either	as volunteers and/or student
 I agree, if accepted, to fulfill my commit I will work all days agreed to and call if I I will accept my assignments with good of a understand that the jobs I am assigned role in the functioning of a working fine a 	cannot come to wor cheer. , no matter how trivia	rk due to illness.
Signature of Volunteer:		Date:
 I agree to the terms expected of my chil As their parent/guardian, I will bring and considerate of their commitment to VCA I understand that my child will receive a 	pick up my child at t A.	-
 accumulation of volunteer hours. I understand that if my child needs to state schedule, studio fees appropriate to my 		
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.