

Halle Cultural Arts Center Volunteer Form

Name: _____

Telephone: (____) _____

Mailing Address: _____ City: _____

State: _____ Zip: _____

Email Address: _____

If student, provide the following information:

School: _____ Grade: _____ Age: _____

(If under 18, parent/guardian must sign volunteer release form)

Programs for which you would like to be a volunteer:

____ Concessions ____ Ushering ____ Special Events ____ Setup/Breakdown

____ Other _____

Availability

____ Weekday Mornings ____ Weekend Mornings

____ Weekday Afternoons ____ Weekend Afternoons

____ Weekday Evenings ____ Weekend Evenings

Please circle any special skills/experience you may have that may be beneficial to the Art Center.

Book keeping Teaching-children/adults Event Planning

Computer skills Marketing/public relations Catering

Graphic design Fundraising Grant writing

Retail experience

List any other special skills that you would be willing to share in your volunteer experience

Do you have any special health issues that we would need to know about in case of an emergency?

Emergency Contact Information

Contact: _____ Relationship _____

Telephone _____

Daytime

Evening

Cell

Please list the name, address and telephone number (if available) of two persons who know you sufficiently well to comment on your past coaching, previous volunteering or as a personal references? By signing below, you are giving your permission to the Town to contact these references on your behalf.

Name	Address	Phone
_____	_____	_____
_____	_____	_____

I certify that the above statements are true and complete to the best of my knowledge. I am aware that certain portions of this information may be subject to disclosure under the NC public information disclosure laws.

_____	_____
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Date

Signature of Volunteer Applicant

Volunteer Consent and Waiver

Certain volunteer positions in the department have been identified as “sensitive positions”. These sensitive positions require the volunteer to undergo a criminal background investigation check which includes a national sex offender registry check. Will you sign a release for a criminal background investigation in order to volunteer for this position if classified as a sensitive position? **(Not applicable to minors) PLEASE REVIEW PARENTAL/GUARDIAN CONSENT STATEMENT BELOW**

_____Yes _____No

Parental Consent for Minor to Volunteer

In consideration of the Town of Apex, permitting my child to participate as a volunteer in the Parks, Recreation and Cultural Resources Department and its associated activities, I acknowledge and agree to the following: (1) I represent that my child is in satisfactory physical and mental health and physically/mentally able to engage in volunteer work and not be a danger to themselves or others.(2) I am aware that as a parent of a minor that I will be held liable for any misconduct or behavior or unlawful activity that my child may engage in while in a volunteer status with the town of Apex.

_____	_____
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Date

Signature of Parent/Guardian