



Application for Community Service Work
(Information obtained will be kept confidential by Sitar Arts Center)

Name: _____ Date: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Date of Birth: _____

Cell Phone: _____ Current School: _____

School Contact Person: _____ Phone Number: _____

Parent Contact: _____ Phone Number: _____

Email: _____

What are you volunteering to do? (e.g. help tutor music theory, teach or assist in art/drama/creativewriting/dance/music class)

How many hours of community service do you need, and what time commitment are you planning to make? (e.g. M & W 1-4pm from July-December 2008)

Date that you are available to start volunteering at Sitar Arts Center _____

How did you first learn of Sitar Arts Center?

What are your expectations for your volunteer time here, and what do you hope to accomplish?



Have you had previous volunteer or youth work experience? Yes_____ No_____

If yes, please provide the name and phone number of your supervisor or person able to comment on your work:

References: Please print the name, address and phone numbers (work and home) of three people, other than relatives, who have known you for at least three years.

1. _____

2. _____

3. _____

I give permission for Sitar Arts Center and its authorized representatives to contact any of the above listed people for reference checks.

Signature of Applicant:_____ Date:_____

Volunteer Consent

Sitar Arts Center will take every reasonable precaution to provide for the safety of the volunteers while participating in Sitar Arts Center activities, which sometimes includes car or van travel. I understand that volunteers may not drive Sitar Arts Center students unless such volunteers have valid insurance policies which contain the legal minimum for bodily injury, property damage and uninsured motorist.

By my signature, I acknowledge that neither Sitar Arts Center, nor any of its staff, nor participants will be held liable in the event of accident or injury to my person.

Signature of Applicant:_____ Date:_____

Limitation of Contact with Students

I understand that the scope of my activities as a Sitar Arts Center volunteer is limited to those activities authorized by Sitar Arts Center. I further understand that no volunteer may take any students on any outing not authorized by Sitar Arts Center. Please contact our staff if you have any questions.

Signature of Applicant:_____ Date:_____

Sitar Arts Center is a nonprofit, tax-exempt organization under IRS code section 501(c)3. The Federal Tax Identification number is 52-2113471.