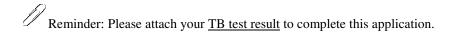


	(Date Submitted)
Application :	
TB Test Result:	
BG Check Form:	
Copy of Driver's License	_
Interview/Tour:	
Audition/Portfolio Review/Writing Sa	ımple
Assigned Teaching Day/Time (s):	
Class/Private Lesson - Assigned:	
Entered into Activenet	(for staff use only)

APPLICATION FOR SUPERVISED VOLUNTEER WORK WITH CHILDREN

(Information obtained will be kept confidential by Sitar Arts Center)

Name:	Date:		
Current Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:	Date of Birth:	
Preferred Email:			
Current Employer:	Position:		
Work Address:			
Work Phone:	Vork Phone: Dates of Employment		
Educational Background (Pleas	e include school, location, diplon	na/degree, year and attach Profess	ional Resume):
Artistic Bio (Please describe you	ur artistic background below, or a	attach to back of this form.)	
	pervision 2 hours a month throu	ring to do and what time commitme	
	ou or your employer could support services, contacts, talents to sh	ort Sitar Arts Center (e.g. "recruiting nare, activities to lead):	; volunteers,
How did you first learn of Sitar	Arts Center?		



Date that you are available to start volunteering at Sitar Arts Center	
Please list your employment history for the last two years if other than your current business name, title, address, email and telephone number, your position and dates	
Have you had previous volunteer or youth work experience? YesNo	_
If yes, please provide the name, title, tel. number and email of your supervisor or po-	erson able to comment on your work
References: Please print the name, title, address, phone numbers and email addres relatives, who have known you for at least three years.	ses of three people, other than
1	
2	
3	
I give permission for Sitar Arts Center and its authorized representatives to contact reference checks.	any of the above listed people for
Signature of Applicant: Date:_	
Volunteer Consent	
Sitar Arts Center will take every reasonable precaution to provide for the safety of t Sitar Arts Center activities, which sometimes includes car or van travel. I understan Arts Center students unless such volunteers have valid insurance policies which cor injury, property damage and uninsured motorist.	d that volunteers may not drive Sitar
By my signature, I acknowledge that neither Sitar Arts Center, nor any of its staff, the event of accident or injury to my person.	nor participants will be held liable in
Signature of Applicant: Date:_	
Limitation of Contact with Stude	ents
I understand that the scope of my activities as a Sitar Arts Center volunteer is limite Sitar Arts Center. I further understand that no volunteer may take any students on a Arts Center. Please contact our staff if you have any questions.	
Signature of Applicant: Date:_	