



Application : _____	(Date Submitted)
TB Test Result: _____	
BG Check Form: _____	
Copy of Driver's License _____	
Interview/Tour: _____	
Audition/Portfolio Review/Writing Sample _____	
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: _____ Dates of Employment _____

Educational Background (Please include school, location, diploma/degree, year **and attach Professional Resume**):

Artistic Bio (Please describe your artistic background below, or attach to back of this form.)

As specifically as you can now determine, what are you volunteering to do and what time commitment you are planning to make? (e.g. "computer lab supervision 2 hours a month through December" or "tutoring 6 to 7 p.m. every Tuesday for the '2012-2013 school year.")

Please list any other ways that you or your employer could support Sitar Arts Center (e.g. "recruiting volunteers, fundraising, PR, in-kind goods or services, contacts, talents to share, activities to lead):

How did you first learn of Sitar Arts Center?



Reminder: Please attach your TB test result to complete this application.

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 employer. Include employer's business name, title, address, email and telephone number, your position and dates employed:

Have you had previous volunteer or youth work experience? Yes _____ No _____

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

References: Please print the name, title, address, phone numbers and email addresses 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: _____