Pitt County Arts Council at Emerge-Volunteer Application - 2014/2015



GENERAL INFORMATION:

Full Legal Name:							
	First	Middle	:	Last (Family Name)			
Age:	Date of Birth:						
Address:							
City:			State:	Zip:			
Phone:	Second Number (cell, work, etc.):						
Email Address:							
EMERGENCY CONT	ACT INFORMATION:						
Name:	Relationship:						
Home Phone:		Cell Phone	:				
Doctor's Name:		Phone:					
Health Insurance Car	rier:	r: Policy Number:					
List any medical cond	itions/special needs that	might limit your activities	·				
List any allergies that	you have:						
	hat you are taking:						
EDUCATIONAL INFO	ORMATION:						
Please circle to indica	te the highest education	al level completed by Sep	tember 1, 20	014:			
HS D	iploma	Undergrad Degree		Grad Degree			
High School:				Date Graduated:			
If you have completed	l a college degree, pleas	e provide degree awarde	d, education	al institution and date received:			
Degree:		Institution:	 	Date Received:			
Are you currently enro	olled in college?	YES O	NO O				
If yes, what is your ac	cademic year for 14'/15':						
School:							
		Minor:					
		, please indicated class a					
Class:	Instructor Name:						

VOLUNTEER EXPERIENCE:

We would like to know if you have voluntee additional pages feel free. Prior volunteer e	ered with other organizexperience is not requ	ations, etc. Please fill out the red to participate in this progra	info below. If you need to use am.
Do you have volunteer experience?	YES O	NO O	
If yes, where have you volunteered?			
WORKING WITH CHILDREN:			
Many of our programs deal with children ar working with programs involving kids.	nd youth. When volun	eering with our organization, r	nany times you will be placed
Please describe any experiences you have such as siblings or cousins, etc. A large po outreach programs. We would like to know please note this in the next question and w	rtion of our programm if you are comfortable	ng involves assisting our instr working with kids ages 3 and	ructors with classes and children's up. If you do not feel comfortable
Would you like to work with children?	YES O	NO O	
If no, please skip the next question and we	will do our best to as	ign you to different duties dur	ing your service.
Do you have experience working with child	ren? YES O	NO O	
If yes, please describe your experience.			
REFERENCE INFORMATION:			
How did you learn about our organization?			
Below please provide the names and conta	act information for thre	e individuals, excluding relativ	es, for references:
1. Name:			
Place of Employment:		Position:	
Email:		Phone:	
2 . Name:			
Place of Employment:		Position:	
Email:			
			

Place of Employment: ______Position: _____

Email: ______ Phone: _____

3. Name: _____

VOLUNTEER AVAILABILITY: Please note your availability of volunteering. What times, dates, or days of the week OR events work best for you?
VOLUNTEER HOURS
Many times volunteers are working with our organization to earn volunteer service hours. If you are volunteering to earn service hours, please note how many hours you would like to work with us, what date you need these hours by, and what organization, class, etc you ware in need of the hours for.
Number of hours desired: Needed by what date:
Organization, School, Etc hours will be reported to:
COMMUNITY LEARNING STANDARDS In an effort to maintain a safe learning community, we must ask the following questions of all applicants. We cannot accept your application unless you answer these questions and provide the required documentation. Your "yes" answer to one or more of the following questions will not necessarily preclude your being hired. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your application, or to dismiss you after acceptance for volunteer service. For the purpose of the following six questions, "crime" or "criminal charge" refers to any crime other than a traffic-related misdemeanor or an infraction. You must, however, include alcohol or drug offenses whether or not they are traffic related. If you answer "yes" to any of the questions below, you are required to provide your own written explanation of the event(s) Have you ever been arrested? YES O NO O Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere, or Alford plea, or have you received a deferred prosecution or prayer for judgment continued, to a criminal charge? YES O NO O Have you otherwise accepted responsibility for the commission of a crime? YES O NO O
Do you have any criminal charges pending against you? YES O NO O
Read, Sign, and Date the Following Statement We cannot accept your application without your signature. I certify that the information provided in my application is complete and accurate. I acknowledge that I have read the application instructions and agree to abide by the terms outlined within them. I authorize the Pitt County Arts Council at Emerge to make reasonable inquiry if any doubt should arise. I understand my failure to provide complete, accurate, and truthful information on this application will be grounds to deny or withdraw my application, or dismiss me after employment. I further understand that I am required to notify the Pitt County Arts Council at Emerge of any change in my mail or e-mail addresses.
Signature of applicant: Date:
Read, Sign, and Date the Following Waiver We cannot accept your application without your signature. WAIVER OF LIABILITY: In consideration for the Pitt County Arts Council at Emerge making programs available to myself, I hereby release the Pitt County Arts Council at Emerge, it's employees, volunteers, instructors, and agents from any and all liability, cost/expense associated with any injury I may sustain while participating in any of the programs and events. Furthermore, I hereby hold the Pitt County Arts Council at Emerge it's employees, volunteers, instructors, and agents harmless for any damage, loss, or claims to my person, child, or property. I assume full and all risks and responsibilities on the premises, both known and unknown. In case of an emergency, I give my permission to the Pitt County Arts Council at Emerge to select proper emergency care and treatment for myself.

Please return applications to: the **Pitt County Arts Council at Emerge, Attn: Volunteer Application, 404 S. Evans St., Greenville, NC 27858.** For more information please contact Paula Rountree, Education Coordinator by phone (252) 551-6947 or email paula@pittcountyarts.org

Signature of applicant:

_ Date: _____