

VOLUNTEER APPLICATION

CONTACT INFORMATION			
First	Last		M.I
Cell Phone	Home Ph	one	
Address			
City		State	Zip
E-mail	Birth Date	Male	Female
EMERGENCY CONTACT			
Name	Phone	Relationsh	ip
Name			
ADDITIONAL INFORMATION Are you currently: Employed Unemployed S	tudent () Retired () Other	<u>.</u>	
Work Experience (If available, please			
work Experience (ii available, pieas	attach resume)		
Volunteer Experience			
SKILLS BilingualPlease specify lan Hobbies, interests and skills:			
AREAS OF INTEREST Instructor Event Staff Offi Other: I am interested in volunteering beca			
AVAILABILITY List the dates, times, and length of	time (months, days, season	al) you are availabl	e:
			_

PLEASE READ AND SIGN SECOND PAGE OF APPLICATION TO BE VALID

Waiver

I understand that in my capacity as a volunteer, I am not an employee of PIECES and that I will not be covered by workers' compensation insurance. I also agree to defend, indemnify, and hold harmless PIECES and its officers, employees and agents, from and against any and all claims, liability judgment and expenses that may arise by reason of services I provide as a volunteer or that are connected in any way therewith.

In consideration of the applicant's participation in the above activity(s); I hereby waive, release and discharge all claims for damages for death, personal injury, or property damage which I may have or which may have hereafter accrued to me as a result of engaging in said activity or any activity incident thereto. THIS RELEASE DISCHARGES IN ADVANCE PIECES/PIECES TEENS ARTS, ITS OFFICERS, AGENTS, SERVANTS AND EMPLOYEES FROM LIABILITY EVEN THOUGH THAT LIABILITY MAY RISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS OR ENTITIES MENTIONED BELOW. Some volunteer activities may involve an element of risk or danger of accident, and knowing those risks, I hereby assume those risks. This waiver, release and assumption of risk is to be binding on my heirs and assigns.

Photo Release

I hereby consent to the photographing, recording or reproduction in any other manner (including use of videotapes and audiotapes) of my likeness, voice and/or activities and further authorize PIECES, its agents, or, assigns to make unlimited use of such reproductions, including, but not limited to broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation now, or, in the near future, for participating. I do hereby release and hold harmless PIECES its officers and employees from all claims.

In case of serious injury, I give my permissi treatment should it become necessary.	ion for PIECES personnel to seek any em	ergency medical
Signature	Name (Please Print)	Date
	Intake Date: Interview: Orientation: Start Date: End Date: Notes:	