

Volunteer Application

Please complete this application so that we can learn more about you and your interest in volunteering with ArtsWorcester.

Name _____ Birth Date ____ / ____ / ____

Street Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail _____ Phone/Cell: (____) _____

1) Emergency Contact Name: _____ Phone/Cell (____) _____

2) Emergency Contact Name: _____ Phone/Cell (____) _____

Are you volunteering to fulfill a community service or educational commitment? Yes ____ No ____

Parental Permission (If Under 18 years of age)

This form is required for any person under the age of 18 in order to be considered as a volunteer with ArtsWorcester.

I, _____ agree to allow _____ to participate in the ArtsWorcester Gallery Volunteer program.

I have read and understood all the volunteer information provided. I will be responsible for the transportation of them to and from volunteer jobs and events.

Signature of Parent of Guardian

Date

Medical Emergency Treatment Consent Form

I hereby give ArtsWorcester permission to administer basic first aid and/or CPR to _____ and/or take to a hospital for
volunteer's name
medical treatment when an emergency contact cannot be reached or when delay would be dangerous to their health.

Signature of Parent of Guardian

Date

Video/Photo Permission Form

I, _____ give ArtsWorcester permission to use video and/or photographs of me for promotional purposes.
volunteer's name

Signature of Parent of Guardian

Date