



REGISTRATION

Volunteer Information:

Name: _____

(First) (Middle) (Last)

___ Male ___ Female Date of Birth: _____

Street: _____

City/State: _____ Zip: _____

Phone: _____

E-mail: _____

Have you worked with special needs before? _____

Are you comfortable working with special needs? _____

Have you ever been convicted of a crime? _____

If Yes: Date: _____ Crime: _____

If you are younger than 18 years of age, please complete items below:

Parent/Guardian Name:

Address (if different from Volunteer's address above):

Phone: _____

E-mail: _____

Parent/Guardian Emergency Contact / Phone:

Volunteer's School: _____

School Grade: _____

Awakening Minds Art

515 S. Main St. Findlay, Ohio

419-302-3892 AMA@Awakeningmindsart.org

AGREEMENT/PERMISSION STATEMENT:

(Words enclosed in brackets are for a parent or guardian of volunteers who are under age 18 and/or require such additional permission.)

I agree [give my permission for the volunteer listed on this form] to voluntarily assist Awakening Minds in programming in the studio or designated facilities and to cooperate fully with those in charge of each program or event that are part of the activity. I agree [give my permission for the volunteer listed on this form] to be photographed, videotaped, or interviewed by any television, radio, newspaper, magazine, private person or group, and that the gathered material may be transmitted by electronic media or otherwise used in Awakening Minds published materials or in other ways for the enhancement of the Awakening Minds program.

I understand [on behalf of the volunteer listed on this form] that there may be some physical risk and I assume all risk for property damage, personal injury or death to the volunteer as a result of or in connection with the activity and my, and the volunteer's, use of the property.

I agree [on behalf of the volunteer listed on this form] to indemnify, defend, and hold harmless Awakening Minds from and against, any and all loss, liability, damage, claim, expense, fines, penalty, interest, cost, or other obligation of any nature, and injury to or death of any person, or for loss or damage to any property, arising as a result of or in connection with the activity or my use, or use by the volunteer, of the property.

NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED.

Volunteer Signature (if 18 or older)

Parent/Guardian Name (if volunteer under age 18)

Parent/Guardian Signature (if volunteer under age 18)

Date _____