Office Use Only:
Staff Initials on each line
___BCI Collected
___ Interview Conducted
___ Orientation Completed
___ Applicable Training Completed
Notes:
_____
_____
_____
_____

VOLUNTEER and INTERN APPLICATION

Name: _____ Date of Application: ___/___/___
Date of Birth: ___/___/___

CONTACT INFORMATION
Address: _____
Email: _____
Phone: _____ Alt. Phone: _____

A VALID B.C.I. MUST ACCOMPANY THIS APPLICATION FOR ANYONE OVER THE AGE OF 18.

FOR VOLUNTEERS WHO ARE MINORS ONLY
(This section is to be completed by the parent or guardian of a volunteer who is a minor only.)

Name of Parent/Guardian: _____

CONTACT INFORMATION (If different from above)
Address: _____
Email: _____
Phone: _____ Alt. Phone: _____

I, _____hereby permit _____, to volunteer at Artists' Exchange, assisting with (please list event(s), class(es), camp(s), workshop(s), etc.)
_____
_____
I agree that I will not hold Artists' Exchange responsible for any injury, loss or damage to the individual or his/her possessions.
Signature: _____ Date: ___/___/___

ABOUT ME
Are you hoping to volunteer as part of a requirement for school, work, etc.? (circle one) YES NO
If so, please indicate the name of your school/work, and contact information for your supervisor:
Name of school/university/college/other: _____
Contact Person: _____
Phone: _____

If not, why do you want to volunteer?
_____
_____
_____

What specific skills, abilities, talents, if any, do you feel you can contribute to The Artists' Exchange?
_____
_____
_____

Where have you volunteered or interned in the past?

_____
_____
_____

AVAILABILITY

Please indicate the hours you are available each day of the week. Be sure to make a note of any differing availability, i.e. increased availability in the summer, etc.

Regular Availability		**Additional notes on availability**
Monday:	_____	_____
Tuesday:	_____	_____
Wednesday:	_____	_____
Thursday:	_____	_____
Friday:	_____	_____
Saturday:	_____	_____
Sunday:	_____	_____

PREFERRED ACTIVITIES

Please note any activities you would prefer being involved in, and also note any tasks or activities that you are unable to do.

_____
_____
_____

I would like to help with:

☐ Mailings

☐ Events

☐ Art Therapy Classes

☐ Summer Camps

☐ General Help

Please check off the item that best describes the kind of volunteering experience you are looking for:

☐ Set Weekly Schedule

☐ Completion of Required Volunteer Hours

If so, how many hours need to be completed? _____ By when? _____

A VALID B.C.I. MUST ACCOMPANY THIS APPLICATION FOR ANYONE OVER THE AGE OF 18.

VOLUNTEER PHOTO RELEASE AND LIABILITY WAIVER

I_____(Volunteer), acknowledge that I have applied and agree to participate in volunteering at Artist's Exchange.

Participation Agreement

If over the age of 18 will provide a background check. I will follow all guidelines and rules of Artist's Exchange and Gateways to Change, Inc., as well as affiliates, subsidiaries, supervisors, employees, contractors and sponsors. I agree to work cooperatively and respectfully with the aforementioned individuals, students and fellow volunteers.

Liability Waiver:

I agree to release and hereby release and hold harmless Artist's Exchange and Gateways to Change, Inc., affiliates, subsidiaries, supervisors, employees, contractors, sponsors and any other volunteers from any and all liability that may arise from my participation as a volunteer. By signing this waiver, I agree to give up the right to sue and agree to waive any claims for personal injury or property damage against Artist's Exchange and Gateways to Change, Inc., affiliates, subsidiaries, supervisors, employees, contractors, sponsors and any other volunteers for any reason.

Photography Release:

I agree to allow Artist's Exchange and Gateways to Change, Inc. to use photographs and/or video of me for the purpose of advertising future events or promoting Artist's Exchange or Gateways to Change, Inc. My name will not be included in any form. By signing this release; I agree to give up the right to sue and agree to waive any claims for using my photograph and/or video against Artist's Exchange and Gateways to Change, Inc., affiliates, subsidiaries, supervisors, employees, contractors, sponsors and any other volunteers for any reason.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND ARTISTS' EXCHANGE AND GATEWAYS TO CHANGE, INC., AND SIGN IT OF MY OWN FREE WILL.

_____	_____	_____
Volunteer Printed Name	Signature	Date
_____	_____	_____
Parent/Guardian Printed Name	Signature	Date

***If volunteer is a Minor**