



Volunteer Application Information

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____ Phone _____

Parents Email _____

School _____ Grade _____

Date of Birth (Month/Day/Year) _____

Volunteer History

Have you had previous volunteer experience? Yes No

If "Yes", please answer the following questions:

Name of Organization _____

What did you do as a volunteer? _____

Do you have any special skills or training? (computer skills, baby-sitter training, sign language, art classes etc....) _____

Do you have experience or know a child with special needs like autism, cerebral palsy, needs a wheelchair, deaf or other needs? Please share with us what you have experienced.

You will need to have 3 people complete references for you. One must be a dance teacher, one from your school environment and you can choose the third but, they can not be related to you. Reference forms will be emailed out.

Name _____

E-Mail _____ Phone _____

How do you know this person? _____

Name _____

E-Mail _____ Phone _____

How do you know this person? _____

Name _____

E-Mail _____ Phone _____

How do you know this person? _____

Emergency contact person _____

Phone _____ Relationship _____

Please initial if you are applying to be a Coach or are the Parent/Guardian of a Coach:

_____ I understand that I am making a commitment to attend every practice and assist at recital and all other Darby's Dancers functions. I agree to be respectful to the staff, students and parents of Darby's Dancers. I also agree to attend all coach training and meetings required for my position. I agree to be on time and if I am unable to attend for any reason to call the staff asap. I agree to dress in Saturday rehearsal attire to volunteer and complete my volunteer time sheet.

_____ As a parent of a volunteer you agree to support their commitment by encouraging them to strive for good work habits and attendance. Make sure they arrive on time and are picked up. And, emphasize the importance of their responsibility to this program.

All volunteers may be photographed or on video for marketing. If you object, initial here _____

Signature _____ Date _____

Parent/Guardian _____ Date _____

