



Date: ____/____/____

PERSONAL INFORMATION (Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

PRESENT STATUS

Employed: _____
Employer _____ Occupation _____

Student: _____
School _____ Grade Level _____

Other: _____

PREVIOUS WORK/ VOLUNTEER EXPERIENCE: _____

SPECIAL SKILLS (arts, computer, language, etc.): _____

If any physical or mental impairment or medical condition exists, what accommodations are needed to ensure a successful volunteer experience?

Please list any allergies or drug reactions about which we should be aware:

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Doctor: _____ Phone: _____



RELEASE FROM LIABILITY

PERMISSION TO PARTICIPATE: I forever release Grandville Avenue Arts & Humanities (GAAH) and its agents, employees and representatives from any liability for any damages, injuries, or losses to any property or possession, resulting from or connected to my participation in the program, or otherwise incurred or arising while myself or my property is offsite or on the premises of the Cook Arts Center or the Cook Library Center or being transported between the two facilities;

MEDICAL CONSENT: In case of medical or other emergency, I authorize the agents, employees and representatives of GAAH to act on my behalf, including providing or obtaining medical attention or treatment; I understand that my emergency contact person will be contacted at the number provided and that only emergency care will be provided if she/she is unable to be reached. I shall be liable and agree to pay all costs and expenses incurred with such medical service;

PHOTOGRAPH: I grant GAAH permission to photograph or videotape myself and the right to use, publish, reproduce and disseminate any photograph, film, videotape, recording or other likeness of myself obtained in connection with activities or programs of GAAH without payment or compensation to myself;

TRANSPORTATION: I fully understand that program of transportation staff may transport me for activities or programs and hereby hold harmless GAAH against any liability, loss or expense incurred or suffered in consequence of any action or actions, suit or suits, in or equity, which may be brought by any person or persons in connection with, on with reference to, the administration, planning, preparation, development, conduct and execution of the activities or programs of GAAH.

I authorize investigation of all statements contained in this application and certify that all information is accurate. As a part-time volunteer of Grandville Avenue Arts & Humanities, I will uphold its philosophy and mission.
I understand that either party may terminate this agreement at any time with advance notice.

Applicant Signature: _____

Date: _____

Thank you for your interest in Grandville Avenue Arts & Humanities! We look forward to working together to the arts and reading to friends and neighbors of the Grandville Avenue neighborhood in the spirit of community and friendship. We hope you enjoy being a part of the excitement and adventure. Welcome Aboard!



CRIMINAL HISTORY CHECK

Date: ____ / ____ / ____

In order to ensure a safe environment for our visitors to the Cook Arts Center and the Cook Library Center, the following information is needed to complete a limited criminal history check with the State of Michigan.

Name: _____
Last First Middle Initial

Date of Birth: ____ / ____ / ____

Sex (check one):

- Male
- Female

Race (check one):

- White
- Black
- Hispanic or Latino
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other

Other Names (maiden name or previously married names):

Other Last Other First Other Middle Initial

Other Last Other First Other Middle Initial