



Name: _____ Signature: _____	Date:
Address:	Telephone: Email:
Emergency Contact: Emergency Contact Telephone:	Criminal Record Check: <input type="radio"/> Child Abuse Registry: <input type="radio"/> Personal References: <input type="radio"/>
Volunteer Appreciation: Please identify your reason for choosing Studio Central as a place you would like to Volunteer.	

STUDIO CENTRAL VOLUNTEER APPLICATION

Upon the signing of this application the volunteer agrees to:

- ✓ Understand and agree to abide by general policy and principals at Studio Central.
- ✓ Commit to 10 sessions identified at the time of signing the Volunteer Agreement
- ✓ Work in a manner that is safe to self, others and facility
- ✓ Perform the volunteer role to the best of one's ability
- ✓ Accept guidance and direction from program coordinator(s).
- ✓ Work only when supervised and with others in the studio.
- ✓ Report any incidents resulting in concern, injury, property damage immediately
- ✓ Advise the program coordinator if unable to meet a time commitment.
- ✓ Respect and maintain confidentiality of information gained as a volunteer.
- ✓ Meet with Art Program Coordinator at the end of the term specified in the Agreement
- ✓ Provide **Child Abuse Registry/Criminal Record** documents should these be requested.