

## "Arts & Smarts" High School Volunteer Application

## \*for all volunteers under age 18

Teen Volunteer Name		Age
Name of Parent(s) or Guardian(s)		
Street	City	Zip
Parent's/Guardian's Phone Number		
Secondary emergency contact person (other than guar	rdian)	Relationship
Secondary Emergency contact's number		
Please list any allergies or food restrictions.		
Your School		
How did you hear about Patchwork's programs?		
Why are you interested in volunteering at Patchwork	?	
List other volunteer experience: (If you would like to experience working with children)		
Which Patchwork program(s) would you like to volum  ☐ Food Pantry ☐ Arts & Smarts Children's Program (including ☐ Other	g tutoring)	
What day(s) and time(s) are you available to voluntee	er?	
If you would like to volunteer in the Arts & Smarts P match your interests/abilities?	-	-
<ul><li>☐ I have already set a time/program to volunteer</li><li>☐ Snacks</li></ul>	<ul><li>☐ Reading with children</li><li>☐ Music</li></ul>	
□ Art	☐ Bike Club	
☐ Tutoring	☐ Art & Co./Business cla	ass
☐ Creative writing	□ Dance	
☐ Chaperone on occasional field trips	□ Other	

## FORM CONTINUES ON BACK...

Please provide three person	onal references. References should be adults wh	o are <u>not</u> members of your family:
1. Name		
	Relationship	
2. Name		
Phone	Relationship	
3. Name		
Phone	Relationship	
Signature of Teen	Volunteer:	date:
Parental Release	es – Form MUST be signed by a	parent or guardian
**PARENT/GUARDL	AN SIGNATURE:	
participate in all activiti assume all risks and lia Patchwork Central and may arise as a result of staff to obtain medical of	nt or guardian of the minor child named above ies as part of the programs described includin bilities associated with my child's participation all Patchwork Central employees, interns, and such participation. In case of emergency, I have care for my child in the event of an emergency by my child should not volunteer with younge	g off-campus activities. Further, I agree to on in said program(s) and to hold d volunteers harmless from all claims that ereby authorize Patchwork Central and its y.
responses on this form	and agree that they are truthful and accurate.	
	chwork Central has my permission to photogod his or her artwork during the program(s) for	
has tested positive for CC child to have their temper	I agree not to send my child to Patchwork if they DVID-19 or if my child or anyone in my househol rature checked upon arrival at Patchwork. I underso while they are at Patchwork.	d has symptoms of COVID-19. I will allow my
connected to Patchwork C	off and volunteers will communicate with your charge central. They will not communicate with your charge charge communicate with your charge communicate will not communicate will not communicate will not communicate will not communicate with your charge charge communicate with your charge	ld using personal phones, including text
Parent/Guardian Sign	nature	date
newsletters and other up	me (the parent/guardian) to Patchwork's emai pdated information about all of Patchwork's pairs:	programs.

Please return this form to: Patchwork Central, Inc., 100 Washington Ave, Evansville, IN 47713-1521 • 424-2735