The Arts Center of the Capital Region
VOLUNTEER APPLICATION FORM

The Arts Center of the Capital Region engages people in the creative experience.
We are the region's preeminent proponent of the arts and creative education, expression, and appreciation, serving people of *all ages, abilities, and economic and cultural backgrounds.*

Date: _____

All information you provide will be kept confidential. Please print clearly.

Personal Information

Name: _____
Title *(Mr., Mrs., Ms.)* First Name MI Last Name

Address: _____
Number & Street Apt. # (if applicable) City State Zip County

Home Phone: (___)_____Work Phone: (___)_____Cell Phone: (___)_____

Email: _____ Birth date (if under 18 years of age):_____
Month Day Year

Program Interests & Availability

Why do you want to be a volunteer? _____

What areas are you interested? (Check all that apply):

☐ Gallery ☐ Performances & Exhibits ☐ Camp Counselor ☐ Concessions for Events

☐ Front Desk ☐ Events/Troy Night Out ☐ Administration ☐ Serving as a Grant Panelist

Volunteer Time Available: Morning _____ Afternoon _____ Evening _____Weekend _____

Days Available: (Check all that apply) ☐ Mon ☐ Tues ☐ Weds ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

_____

Education, Experience & Skills

Last School Attended: _____ Degree/Diploma: ☐ Yes ☐ No
Name of School Grade/Year

Training/Work Experience: _____ Hobbies: _____

Volunteer Experience: _____

Have you volunteered at The Arts Center before? ☐ Yes ☐ No If yes, for what programs & when?

_____

Emergency Contact Information

Name: _____ Relationship: _____

First Name MI Last Name:

Home Phone: (___) _____Work Phone: (___)_____Cell Phone: (___)_____

Physician's Name _____ Telephone: (___) _____

Please list any allergies, serious ailments (i.e. heart disease, epilepsy, and diabetes), etc.

Referrals/References

Please provide names and telephone numbers of references.

Name: _____ Telephone: (___)_____

Name: _____ Telephone: (___)_____

Name: _____ Telephone: (___)_____

Applicant Commitment

Are you a citizen of the United States? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please explain.

_____

By signing this application I agree to serve as a volunteer and to commit to the following:

- To perform my volunteer duties to the best of my ability
- To adhere to The Arts Center's rules and procedures, including record-keeping requirements & confidentiality of organization information
- To meet time, duty commitment & to provide adequate notice so that alternate arrangements can be made
- To act at all times as a member of the team responsible for accomplishing the mission of The Arts Center
- I do hereby release The Arts Center, its agents and representatives from any liability & responsibility that may arise in connection with my volunteer duties

Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Release from Liability

INSTRUCTIONS: You must be 18 years or older to volunteer. If you are under 18 years old, a parent or legal guardian must also sign this waiver.

I, [print your name] _____, understand that my becoming a volunteer with The Arts Center of the Capital Region is contingent upon the truthfulness and accuracy of answers contained herein. I fully understand that there may be risks inherent in or associated with my participation as a volunteer. I hereby **assume any and all risk** of bodily and personal injury, death and damage to personal property, whether known or unknown, foreseen or unforeseen. Furthermore, I hereby **release from liability** and agree to **indemnify, defend and hold harmless** The Arts Center of the Capital Region, its agents, servants and employees, from and against claims of any kind for known or unknown, foreseen or unforeseen bodily and personal injuries, death or damage to property which may arise, result from or be associated with my participation as a volunteer. I understand that this is an **assumption of risk** and release of liability that will legally prevent me or any other person from filing suit or making any other legal claim for bodily and personal injury, death or damage to personal property sustained by me. I, nevertheless, enter into this agreement freely and voluntarily and agree that it is binding on me, my heirs, assigns and legal representatives.

Photography Permission

By my signature below, I authorize The Arts Center of the Capital Region to take and use photographs and video of myself/the individual listed above. If the individual is under the age of 18, I, the legal parent/guardian, authorize use of photographs and video for purposes of its public relations and advertising activities and understand that I will receive no compensation for such use.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

For questions regarding volunteering, please contact Alana Akacki, Director of Exhibits & Patron Services, at (518) 273-0552 ext. 221 or alana@artscenteronline.org.

Please submit completed application to:
The Arts Center of the Capital Region, ATTN: Alana Akacki, Director of Exhibits & Patron Services
265 River Street, Troy, NY 12180.
Tel: (518) 273-0552, ext. 221 Fax: (518) 273-4591 Email: alana@artscenteronline.org