



# The Arts Center of the Capital Region VOLUNTEER APPLICATION FORM

Date Received

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.

## Contact Information

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

Address: \_\_\_\_\_  
Number & Street    Apt. #    City    State    Zip    County

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth (if under 18 years of age): \_\_\_\_\_  
Month    Day    Year

## Program Interests & Availability

Why do you want to become a volunteer?

\_\_\_\_\_  
\_\_\_\_\_

Areas of Interest (Check all that apply):

- ☐ Camp Counselor\*    ☐ Concessions for Events    ☐ Gallery/Exhibits    ☐ Performances  
☐ Front Desk/Administration    ☐ Events/Troy Night Out    ☐ Serving as a Grant Panelist

*\*For Camp Counselor Applicants Only:*

Preferred Area(s) of Interest: ☐ Kids Camps    ☐ Pre-teen Camps    ☐ Teen Camps

Are you able to drive, walk or be dropped off at The Arts Center on a daily basis? ☐ Yes    ☐ No

Months Available: ☐ February    ☐ March/April    ☐ June    ☐ July    ☐ August

Briefly describe any relevant experience working with kids and/or pre/teens in a camp or school setting:

\_\_\_\_\_  
\_\_\_\_\_

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

Time of Day (Check all that apply): ☐ Morning    ☐ Afternoon    ☐ Evening    ☐ Weekend

## Education, Experience & Skills

Last School Attended: \_\_\_\_\_ Major (if applicable): \_\_\_\_\_

Name of School \_\_\_\_\_

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Grad Student ☐ Graduated: 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.

\_\_\_\_\_

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### References

*Please list one professional reference (employer, teacher, etc.) and one personal reference (not a family member).*

Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

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### Applicant Commitment

*Volunteers are required to complete a background check if working with our camp program.*

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 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, and
- 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: \_\_\_\_\_

\_\_\_\_\_

## Compensation

*Volunteers do not receive financial compensation.* The Arts Center can offer 1 free class (tuition maximum \$300, volunteers must pay studio fee) for over 80 hours worked in 12 months. The Arts Center staff may keep track of this but should a volunteer want to take advantage of this offer, they should keep track of their own hours as well). Thanks!

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## Release from Liability

NOTE: If you are under 18 years old, a parent or legal guardian **MUST** sign this application.

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: \_\_\_\_\_

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Please submit completed application to  
Arts Center of Capital Region  
265 River Street, Troy, NY 12180  
Tel: (518) 273-0552 Fax: (518) 273-4591 Email: [info@artscenteronline.org](mailto:info@artscenteronline.org)