

art center waco

1300 College Drive - P.O. Box 114
Waco, TX 76703
Phone (254) 752-4371 - Fax (254) 752-3506
www.artcenterwaco.org

Volunteer Information:

Today's Date: _____ Social Security No. _____

Name: _____ Age: _____ Sex: _____

Address: _____

Home Phone Number: _____ Cell Number: _____

Date of Birth: _____

Referred By: _____ School Attending: _____

Please list any allergies or medical conditions you have:

If Under 18 years of age

Name of Parent/Guardian: _____

Address: _____

Home Number: _____ Cell Number: _____

EMAIL: _____

References:

Give the names of three people, over the age of 18, not related to you, whom you have known at least one year.

Name:

Address:

Phone Number:

1. _____

2. _____

3. _____

In Case Of Emergency: _____ phone number: _____

Physician: _____ Phone number: _____

CONTINUE ON BACK:

**** Please circle the sessions and times you will be available**

Session 1

June 15-19: a.m. p.m. both

Session 2

June 22-26: a.m. p.m. both

Session 3

July 6-10 a.m. p.m. both

Session 4

July 27-31 a.m. p.m. both

Session 5

August 3-7 (a.m. session only)

**RELEASE AND HOLD HARMLESS AGREEMENT
OVER 18 YEARS OF AGE:**

In Return for Art Center Waco allowing me to perform community service I agree to release Art Center Waco, its agents, representatives, servants or employees from any and all liability with respect to any claim resulting from any programs or activities from the negligence of Art Center Waco, its agents, representatives, servants or employees.

Signature: _____ Date: _____

**RELEASE AND HOLD HARMLESS AGREEMENT
Parent/Guardian must sign for volunteers under 18 years of age:**

I give my permission for my child/ward, _____, to perform community service for Art Center Waco, in return for Art Center Waco allowing my child/ ward to perform volunteer services, I further agree that on my own behalf, and on behalf of my child/ ward. To release Art Center Waco, its agents, representatives, servants, or employees and from any and all liability with respect to any claim resulting from any programs or activities from the negligence of Art Center Waco, its agents, representatives, servants or employees.

Parent/ guardian Signature: _____ Date: _____

Worker Agreement

I, _____, understand that failure to keep dates schedules fro my appointed service hours will result in termination of all agreements.

Workers Signature: _____ Date: _____