



Volunteer Application

Volunteer Application Information

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____ Phone _____

Parent's Email _____

School _____ Grade _____

Date of Birth (Month/Day/Year) _____

Darby's Class Day/Time Volunteer Preference

Volunteer History

Have you had previous volunteer experience? Yes No

If "Yes", please answer the following questions:

Name of Organization _____

What did you do as a volunteer?

Do you have any special skills or training? (computer skills, baby-sitter training, sign language, art classes etc....)

Do you have experience or know a child with special needs like autism, cerebral palsy, needs a wheelchair, deaf or other needs? Please share with us what you have experienced.

You will need to have 3 people complete references for you. For students: One must be a dance teacher, one from your school environment and you can choose the third but, they can't be related to you.

Name _____

E-Mail _____

Phone _____

How do you know this person?

Name _____

E-Mail _____ Phone _____

How do you know this person?

Name _____

E-Mail _____ Phone _____

How do you know this person?

Emergency contact person

Phone _____ Relationship _____

Please initial if you are applying to be a Coach or are the Parent/Guardian of a Coach:

_____ I understand that I am making a commitment to attend every practice and assist at recital and all other Darby's Dancers functions. I agree to be respectful to the staff, students and parents of Darby's Dancers. I also agree to attend all coach training and meetings required for my position. I agree to be on time and if I am unable to attend for any reason to call the staff ASAP. I agree to dress in rehearsal attire to volunteer and complete my volunteer time sheet.

_____ As a parent of a volunteer you agree to support their commitment by encouraging them to strive for good work habits and attendance. Make sure they arrive on time and are picked up. And, emphasize the importance of their responsibility to this program.

All volunteers may be photographed or on video for marketing. If you object, initial here _____

Signature (volunteer) _____ Date _____

Signature (parent) _____ Date _____