



VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name: _____ Pronouns: _____

Phone: _____ Date of Birth: _____ SSN: _____

Address: _____

Email: _____

Organization/School (if applicable): _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____ Phone: _____

SCREENING

Are you registered with the Missouri Department of Health and Senior Services' Family Care Registry? _____
(All volunteers must pass a background screening and orientation prior to beginning their service).

AVAILABILITY

Which hours are you available to volunteer?

Weekday Mornings Weekday Afternoons Weekend/Evening (special events)
 Thursday Youth Night 3- 6 PM

INTERESTS

Adult Open Studio (Monday-Thurs 10AM-3PM) Adult Open Studio (Friday 10-12)
 Youth Open Studio (Thursday 3-6 PM) Events
 Administration Other:

OPTIONAL DEMOGRAPHIC INFORMATION

I AM AWARE that volunteering for the programs of Artists First involves risks associated with volunteer service. I HEREBY RELEASE, discharge, indemnify and hold harmless Artists First and its assigns, successors, agents, staff, officers, board of directors, employees, contractors, and representatives, from any and all claims, causes of action, or demands of any nature or cause whatsoever, including costs and attorney fees, arising directly or indirectly out of our relating to volunteer work with Artists First. THIS RELEASE is effective for me, my personal representatives, assigns and heirs.

SIGNATURE

Signature of volunteer: _____ Date: _____