

# Inspire Performing Arts Academy, Inc

## Youth Volunteer Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent Phone number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What experience do you have working with kids? \_\_\_\_\_

\_\_\_\_\_

What experience do you have in performing arts? (circle all that apply)

Dance	Drama/Theater	Music
Stage Crew	Tech	Costumes
Make-up/Face paint	Ushering/Greeting	Set Design
Props	Choreography	Other:

Why do you want to volunteer with Inspire PAA? \_\_\_\_\_

\_\_\_\_\_

What days and times are you available to volunteer? Please list the time frames on the days you are available. (schedules will be given to volunteers with the days and times we need help)

Date/Times	Monday	Tuesday	Wednesday	Thursday	Friday
Start time:					
End Time:					

**Volunteer Expectations:**

- Communicate when you are not able to volunteer in advance
- If you are sick, let us know and stay home
- Be committed, excessive absences when scheduled to volunteer, may result in being dismissed from your position
- Be on time, and come prepared for the day with a positive attitude
- Participate in activities and assist when asked
- Set a good example for the kids in behavior, speech, and personal interactions
- Show respect and responsibility
- Have fun
- Attend volunteer trainings and events
- Sign in and out each day that you volunteer
- No personal cell phone use while on duty
- Wear appropriate clothing including all personal body parts covered and no vulgar or inappropriate graphics
- IPAA has a no tolerance policy for alcohol/drug use of any kind (including vaping). Any evidence of alcohol/drug use will result in you being dismissed from your volunteer position with IPAA indefinitely.

**Parent Permissions:**

\_\_\_\_\_ **(initial)** I give my child permission to volunteer with Inspire Performing Arts Academy, Inc. My child and I understand the expectations of Inspire Performing Arts Academy Inc and agree to follow the expectations and guidelines set forth. My child is committing to act in compliance with the beliefs, values, policies, and processes of Inspire Performing Arts Academy Inc. My child understands their position as a youth volunteer may be terminated or revoked at any given time if they are not able to efficiently perform volunteer duties.

\_\_\_\_\_ **(initial)** In consideration of volunteering and participating in Inspire Performing Arts Academy Inc classes, camps, and/or programs, my child and I agree to assume full responsibility for any risks, injuries, or damages (known or unknown) that he/she may sustain as a result of participating in any Inspire Performing Arts Academy Inc class, camp, and/or program at any location.

\_\_\_\_\_ **(initial)** I give permission to take photographs and video of my child for any purpose connected with Inspire Performing Arts Academy Inc. I agree that Inspire Performing Arts Academy Inc may use the photographs and video with or without my child's name and for any lawful purpose, including for example such purposes as publicity, advertising, illustrations, social media, and web content. I authorize all photographs and video to be used and published in print and/or electronically.

\_\_\_\_\_ **(initial)** I will provide transportation for my child to locations and/or events they are volunteering. In the case that I am unable to provide transportation, I give permission for my child to ride in transportation provided by Inspire Performing Arts Academy Inc, its representatives, instructors, employees, volunteers, officers, and directors. Furthermore, I agree to release and forever discharge the above said from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

Youth volunteer name: \_\_\_\_\_

Youth volunteer signature: \_\_\_\_\_

I have read and understand the permissions, and the expectations of the volunteer information provided. I give my child permission to volunteer and serve as an assistant in Inspire Performing Arts Academy Inc.

Parent Name (print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For more information, email: [info@inspirepaa.org](mailto:info@inspirepaa.org)