



**THE CIRCUS ARTS  
CONSERVATORY**  
SARASOTA

FOR OFFICE USE ONLY:  SCF  PP  CS  CV  STUDENT

## 2016-2017 VOLUNTEER INFORMATION

I am Volunteering for (Sailor Circus student name): \_\_\_\_\_

### MY PERSONAL INFO:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Local Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### EMAIL ADDRESS:

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Address? Month from \_\_\_\_\_ to \_\_\_\_\_

Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

### CURRENT PLACE OF EMPLOYMENT: \_\_\_\_\_

### JOB TITLE/RESPONSIBILITIES: \_\_\_\_\_

### SPECIAL SKILLS, TRAINING OR EDUCATION *(woodworking, sewing, sales or fundraising experience, etc.)*

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### VOLUNTEER EXPERIENCE *(Please list 2 most recent)*

Organization: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Duties: \_\_\_\_\_

Organization: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Duties: \_\_\_\_\_

### AREA OF VOLUNTEER INTEREST *(Please circle all that apply):*

After School Volunteer (concession help/study hall) Coaching, Costumes, Usher, Sailor Circus Concessions, Will Call, Rigging, Novelties, Humor Therapy, Education Program, Marketing, Office; Prop/Scenery Building, Painting/General Maintenance, Box Office Sales, Fundraising Events, Community Events, Other areas of volunteer interest:

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*Please complete other side*

**OTHER ACTIVITIES** *(Please list other clubs, alumni assoc. etc. of which you are or have been a member)*

Organization: \_\_\_\_\_

Position/Office Held: \_\_\_\_\_

Organization: \_\_\_\_\_

Position/Office Held: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ *(Will be blacked out after background check)*

**VEHICLE OPERATOR'S LICENSE** *(will be blacked out after background check)*

Class: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**HAVE YOU EVER BEEN ARRESTED?** \_\_\_NO\_\_\_ YES

Reason for Arrest: \_\_\_\_\_

I UNDERSTAND THAT A CRIMINAL BACKGROUND CHECK IS REQUIRED AND INFORMATION WILL BE SHARED WITH THE CIRCUS ARTS CONSERVATORY'S CEO; OTHERWISE IT WILL BE KEPT CONFIDENTIAL AS THE LAW PROVIDES. THIS FORM WILL BE FILED SECURELY IN THE ADMINISTRATIVE OFFICES OF THE CIRCUS ARTS CONSERVATORY.

I FURTHER UNDERSTAND THAT FROM TIME TO TIME, THE CIRCUS ARTS CONSERVATORY, AS WELL AS NEWSPAPERS AND TELEVISION STATIONS, MAY INTERVIEW, PHOTOGRAPH AND VIDEO OUR PERFORMANCES AND PROGRAMS FOR PUBLICATION AND HEREBY GIVE MY EXPRESS BLANKET CONSENT TO SAME.

I HEREBY ASSUME ALL RISKS OF PERSONAL INJURY OR DEATH AND PROPERTY DAMAGE OR LOSS FROM WHATEVER CAUSES THAT MAY ARISE WHILE ENGAGED WITH ANY ACTIVITY ADMINISTERED OR SPONSORED BY THE CIRCUS ARTS CONSERVATORY, INC. AND/OR THE SAILOR CIRCUS PROGRAM AND ALL OF ITS VOLUNTEERS, AGENTS, BOARD MEMBERS, REPRESENTATIVES, AND PERSONNEL, INCLUDING THOSE EMPLOYED BY THE CIRCUS ARTS CONSERVATORY, THE COUNTY OF SARASOTA, THE SCHOOL BOARD OF SARASOTA COUNTY, AND ANY OTHER PERSONS EMPLOYED BY OR ACTING ON BEHALF OF THE AFOREMENTIONED FROM ANY AND ALL LIABILITY THAT MIGHT ARISE FROM THE USE OF THE BIG TOP, FACILITY AND/OR EQUIPMENT BY ME. MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

<b>Background Check Completed</b>	
By _____	_____
Date _____	_____