



# Volunteer Interest Form

Name (Please Print) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email (Important!) \_\_\_\_\_ @ \_\_\_\_\_

Contact Phone (\_\_\_\_)\_\_\_\_\_ Date of Birth (office use only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Why would you like to volunteer with us? \_\_\_\_\_  
\_\_\_\_\_

CCPA Staff or Volunteers you know \_\_\_\_\_

Do you volunteer other places? If so where? \_\_\_\_\_

Languages other than English you Speak \_\_\_\_\_ Read \_\_\_\_\_

Other Special Skills or Interests \_\_\_\_\_  
\_\_\_\_\_

### Your Availability-Check all that apply (We realize this changes but just so we have a general idea)

Weekdays \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

Saturday \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

Sunday \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

### General Areas of Interest-Check all that apply

\_\_\_\_\_ Lobby/Usher \_\_\_\_\_ Lobby/Concessions \_\_\_\_\_ Bartender

\_\_\_\_\_ Banquet Clean Up \_\_\_\_\_ Publicity \_\_\_\_\_ Set Construction/Painting

\_\_\_\_\_ Costume Assistance \_\_\_\_\_ School/Community Ambassador (distribute fliers etc)

\_\_\_\_\_ Other, please list \_\_\_\_\_

Thank you for your interest!! We will add your email to our contact list. Whenever we have opportunities available we will send out an email to let you know.



**VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY**

1. \_\_\_\_\_ , agrees to work for Covina Center for the Performing Arts as a volunteer on/as \_\_\_\_\_ on/from \_\_\_\_\_.
2. As a volunteer, I understand that I control the dates and times when I do the work, and that Covina Center for the Performing Arts is not responsible for scheduling my volunteer work, I also understand that I will earn no wages or benefits and will not be entitled to unemployment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 40 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in these activities with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for Covina Center for the Performing Arts, I hereby agree that , EXCEPT FOR A WORKERS' COMPENSATION CLAIM, I and my assignees, heirs, guardian, and legal representative, will not make a claim against or sue Covina Center for the Performing Arts or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of Covina Center for the Performing Arts as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE COVINA CENTER FOR THE PERFORMING ARTS AND ITS OFFICERS, EMPLOYEES, AGENTS AND LEGAL REPRESENTATIVE NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM COVERED BY COVINA CENTER FOR THE PERFORMING ARTS WORKERS' COMPENSATION PROGRAM, I authorize Covina Center for the performing Arts to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer.
6. I understand that the materials and tools provided by Covina Center for the Performing Arts are and remain the property of Covina Center for the Performing Arts, and I agree to return these tools and any remaining materials to Covina Center for the Performing Arts at the end of my volunteer service.
7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Printed Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Covina Center for the Performing Arts Representative Signature

\_\_\_\_\_  
Printed Name



# Volunteer Emergency Contact Form

Please fill out as complete as possible. Information will only be used in the event of an emergency

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_)\_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_\_

Email Address \_\_\_\_\_@\_\_\_\_\_

## In Case of Emergency Please Contact

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_)\_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_\_

## Medical Information

Primary Care Physician \_\_\_\_\_

Office Phone (\_\_\_\_)\_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Member ID \_\_\_\_\_

Please list any known medical conditions, allergies or medications:

\_\_\_\_\_  
\_\_\_\_\_

**Information provided on this sheet is for internal use only in the event of an emergency**