



**“Arts & Smarts” Teen Volunteer
Application**
***for all volunteers under age 18**

Teen Volunteer Name _____ Age _____ Birth Date _____

Street _____ City _____ Zip _____

Phone Number _____ Second phone number _____

Name of Parent(s) or Guardian(s) _____

Emergency contact person (other than guardian) _____ Relationship _____

Emergency contact number _____ Second phone number _____

Please list any allergies or food restrictions. _____

Your School _____ Grade _____

How did you hear about Patchwork’s programs? _____

Why are you interested in volunteering at Patchwork? _____

List other volunteer experience: (If you would like to volunteer in our children’s program, please describe your experience working with children) _____

Which Patchwork program(s) would you like to volunteer in?

- Food Pantry
- Arts & Smarts Children’s Program (including tutoring)
- Other _____

What day(s) and time(s) are you available to volunteer? _____

If you would like to volunteer in the Arts & Smarts Program, please answer the following: What activities or needs best match your interests/abilities?

- | | |
|---|---|
| <input type="checkbox"/> I have already set a time/program to volunteer | <input type="checkbox"/> Reading with children |
| <input type="checkbox"/> Snacks | <input type="checkbox"/> Music |
| <input type="checkbox"/> Art | <input type="checkbox"/> Bike Club |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Art & Co./Business class |
| <input type="checkbox"/> Creative writing | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Chaperone on occasional field trips | <input type="checkbox"/> Other _____ |

FORM CONTINUES ON BACK...

Please provide three personal references. **References should be adults who are not members of your family:**

1. Name _____
Phone _____ Relationship _____

2. Name _____
Phone _____ Relationship _____

3. Name _____
Phone _____ Relationship _____

Parental Releases – MUST be signed by a parent or guardian

Emergency Medical Information

Family/Child’s Physician _____ phone _____

List/explain any allergies, medications, medical problems or existing conditions that require special attention _____

Do you have a hospital preference? _____

****PARENT/GUARDIAN SIGNATURE:**

I, the undersigned parent or guardian of the minor child named above, hereby grant permission for this child to participate in all activities as part of the programs described including off-campus activities. Further, I agree to assume all risks and liabilities associated with my child’s participation in said program(s) and to hold Patchwork Central and all Patchwork Central employees, interns, and volunteers harmless from all claims that may arise as a result of such participation. In case of emergency, I hereby authorize Patchwork Central and its staff to obtain medical care for my child in the event of an emergency.

I know of no reason why my child should not volunteer with younger children.

Patchwork Central has my permission to photograph and/or videotape the minor child named on this form and his or her artwork during the program(s) for publicity purposes and use in all media.

Parent/Guardian Signature _____ **date** _____

Please return this form to: Patchwork Central, Inc., 100 Washington Ave, Evansville, IN 47713-1521 • 424-2735