

PITT COUNTY ARTS COUNCIL at EMERGE VOLUNTEER APPLICATION

GENERAL INFORMATION:

Full Legal Name:	First	Middle		Last (Family Name)
Age:	Date of			
Address:				
Phone:	S	Second Number (cell, v	work, etc.):	
E-mail Address:				
EMERGENCY CONTACT INF	ORMATION:			
Name:		Relationship: _		
Home Phone:	Cell	l Phone:		
Doctor's Name:		Phor	ne:	
Health Insurance Carrier:		Polic	y Number: _	
List any medical conditions/spe	ecial needs that m	night limit your activitie	es:	
List any allergies that you have	e:			
	ro tokina:			
List any medications that you a	are takirig			
List any medications that you a EDUCATIONAL INFORMATION Please circle to indicate the high	ON:			
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Please circle to indicate the high School: If you have completed a college.	DN: ghest educational e degree, please	level completed: Undergrad Degree provide degree award	e Date Gradu led, education	ated:
EDUCATIONAL INFORMATION Please circle to indicate the high HS Diploma High School: If you have completed a college	phest educational e degree, please	level completed: Undergrad Degree provide degree award Institution:	e Date Gradu led, education	al institution and date received:
Please circle to indicate the high HS Diploma High School: If you have completed a colleged Degree: Are you currently enrolled in colleged.	phest educational e degree, please ollege?	level completed: Undergrad Degree provide degree award Institution: YES O	e Date Gradu led, educationa NO O	al institution and date received:
Please circle to indicate the high School: If you have completed a collegue Degree: Are you currently enrolled in collegue Degree in the high School in collegue	phest educational e degree, please ollege?	level completed: Undergrad Degree provide degree award Institution: YES O	e Date Gradu led, educationa NO O	al institution and date received: Date Received:
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Please circle to indicate the high School: Are you currently enrolled in college, what is your academic y School: Major: Are you volunteering for a clase	phest educational e degree, please ollege? rear:	level completed: Undergrad Degree provide degree award Institution: YES O Minority	Date Gradu led, educations NO O or: and instructor	r name:
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Please circle to indicate the high School: High School: Are you currently enrolled in colf yes, what is your academic yes School: Major: Are you volunteering for a class Class: VOLUNTEER EXPERIENCE:	phest educational e degree, please ollege? rear: s project? If yes, p	level completed: Undergrad Degree provide degree award Institution: YES O Minorial please indicated class Instruct ther organizations, etc	Date Gradu led, education NO O or: and instructor tor Name:	r name: It the info below. If you need to use additional
Please circle to indicate the high School: If you have completed a collego Degree: Are you currently enrolled in collego School: Major: Are you volunteering for a clast Class: VOLUNTEER EXPERIENCE:	phest educational e degree, please bllege? rear: s project? If yes, p	level completed: Undergrad Degree provide degree award Institution: YES O Mine please indicated class Instruct ther organizations, etc t required to participat	Date Gradu led, educations NO O or: and instructor tor Name: c. Please fill ou te in this progr	r name: It the info below. If you need to use additional

WORKING WITH CHILDREN:

Many of our programs deal with children and youth. When volunteering with our organization, many times you will be placed working with programs involving kids.

Please describe any experiences you have working with children. This can include babysitting, working with family members such as siblings or cousins, etc. A large portion of our programming involves assisting our instructors with classes and children's outreach programs. We would like to know if you are comfortable working with kids ages 3 and up. If you do not feel comfortable, please note this in the next question and we will work with assigning you to different duties during your service.

Would you like to work with children?	YES O	NO O
If no, please skip the next question and we will o	do our best to	assign you to different duties during your service.
Do you have experience working with children?	YES O	NO O
If yes, please describe your experience.		
How did you learn about our organization?		
Below please provide the names and contact in	formation for	three individuals, excluding relatives, for references:
1. Name:		
Place of Employment:		Position:
Email:		Phone:
2. Name:		
Place of Employment:		Position:
Email:		Phone:
3. Name:		
Place of Employment:		_ Position:
Email:		Phone:
VOLUNTEER AVAILABILITY:		
Please note your availability of volunteering. Wh	nat times, dat	tes, or days of the week OR events work best for you?
VOLUNTEER HOURS:		
		earn volunteer service hours. If you are volunteering to earn service with us, what date you need these hours by, and what organization,
Number of hours desired:		Needed by what date:
Organization, School, etc hours will be reported		

COMMUNITY LEARNING STANDARDS:

In an effort to maintain a safe learning community, we must ask the following questions of all applicants. We cannot accept your application unless you answer these questions and provide thereu required documentation. Your "yes" answer to one or more of the following questions will not necessarily preclude your being hired. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your application, or to dismiss you after acceptance for volunteer service. For the purpose of the following six questions, "crime" or "criminal charge" refers to any crime other than a traffic related misdemeanor or an infraction. You must, however, include alcohol or drug offenses whether or not they are traffic related. If you answer "yes" to any of the questions below, you are required to provide your own written explanation of the event(s)

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Have you ever been arrested?	YES O		NO O				
Have you ever been convicted of	a crime?	YESO		NO O			
Have you entered a plea of guilty prosecution or prayer for judgme			•	ontende YES O	re, or Alford ple	ea, or have you receive NO O	ed a deferred
Have you otherwise accepted res	ponsibility	for the comm	ission of a crir	me?	YES O	NO O	
Do you have any criminal charge	s pending a	gainst you?	YES O		NO O		
Read, Sign, and Date the Followi We cannot accept your applica WAIVER OF LIABILITY: In conshereby release the Pitt County Arcost/expense associated with any hold the Pitt County Arts Council or claims to my person, child, or plin case of an emergency, I give not treatment for myself.	tion without ideration fo ts Council a r injury I ma at Emerge property. I a	ut your signar the Pitt Cou at Emerge, its ay sustain wh its employees assume full ar	nty Arts Coun s employess, v ile participatin s, volunteers, nd all risks and	voluntee g in any instructo d respor	rs, instructors, of the program ors, and agents as ibilities on the	and agents from any ans and events. Further harmless for any dame premises, both know	and all liability, more, I hereby nage, loss, n and unknowi
Signature of applicant:							
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Please return applications to: the **Pitt County Arts Council at Emerge**, **Attn: Volunteer Application**, **404 S. Evans St.**, **Greenville**, **NC 27858.** For more information please contact Paula Rountree, Education Coordinator by phone (252) 551-6947 or email paula@pittcountyarts.org