

# Paulding Fine Arts Association

## Jr. Volunteer Form 2018

Date \_\_\_\_\_

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

Nick Name (if any) \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Expected High School Graduation Date (Year) \_\_\_\_\_

School Name \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, Georgia Zip \_\_\_\_\_

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

Email \_\_\_\_\_

Special Needs/Allergies \_\_\_\_\_

### *Emergency Contact Name*

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Relation \_\_\_\_\_

### **PHOTO RELEASE AGREEMENT**

From time to time, the student may be photographed or videotaped by a PFAA member to advertise our programs.

These images may be used on our website, Facebook page, newspaper, brochure, presentation or TV without compensation from or liability on the part of PFAA, its agents and or employees/members.

Participants Name \_\_\_\_\_ Participant/Parent Signature (if under 18) \_\_\_\_\_

### **HOLD HARMLESS RELEASE AGREEMENT**

#### ***Permission to provide EMERGENCY MEDICAL TREATMENT***

I authorize the staff of the PFAA to organize any required medical or first aid procedure, or to take the undersigned student to the hospital emergency room for treatment. I understand that every effort will be made to notify the parent or individual indicated as emergency contact beforehand by telephone. The undersigned hereby forever releases, discharges and covenants to hold harmless the PFAA, and all parties affiliated with the PFAA, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services actions and caused of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularity on account of all personal injury, disability, property damage, loss or damage of any kind sustained or that may hereafter be sustained arising out of the matters described herein. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

Participants Name \_\_\_\_\_ Participant/Parent Signature (if under 18) \_\_\_\_\_

# Paulding Fine Arts Association

## Jr. Volunteer Application 2018

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

How did you hear about the Paulding Fine Arts Jr. Volunteer program?

\_\_\_\_\_

Why do you want to volunteer with Paulding Fine Arts Association?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any previous volunteer experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your volunteer experience with young children ages 4-12.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List community and school activities you are involved with. Give a description of your duties.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Three letters or emails of recommendation are required when application is submitted.

*Recommendations from friends and family members are not accepted.*

Letters from teachers, other organizations applicant has volunteered with, coaches, supervisors, pastors, clients (lawn care, babysitting, dog walking, etc.) are permitted.

Please note that the current application period is for 2018 candidates.

Attach recommendations with application, and write their contact information below.

NAME	How I know person	Phone	Email

## Parental Consent

I support \_\_\_\_\_'s commitment to the Paulding Fine Art Association.

I am aware that if selected, he/she will assume the responsibility of volunteering for the required time.

I will make sure his/her supervisor is notified of absences. I also agree to make certain my son/daughter attends all required training.

Parent/Guardian Signature Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

## Check where you can Volunteer in 2018

\_\_\_ *Kinder Art Camp* (age 4, 5, & 6) – June 12,13,14, 2018 – 9 am -12 pm

\_\_\_ *Magic of the Arts Camp* (age 8-12) – June 25 – 29, 2018 – 9 am – 12 pm

(Jr. Volunteers are needed 30 minutes before camp starts - 8:30 am and at least 1 hour after camp ends - 1 pm to help with clean up)

*Children's Art Classes* held during the school year

\_\_\_ Monday 4 – 5:30

\_\_\_ Thursday 1:30 – 3:00 or 4:00 – 5:30

\_\_\_ Friday 10:30 – 12

(Jr. Volunteers help with children and clean up at end of class – stay up to 1 hour after class if possible)

*Paulding Meadows Festival* - Curly Fry & Boiled Peanut Booth at Earl Duncan Park

\_\_\_ Saturday, September 8, 2018

\_\_\_ Sunday, September 9, 2018

*Annual Fall Fest* on October 13, 2018 on Main St. in Dallas, GA

\_\_\_ Set up 6:30 – 10:00 am

\_\_\_ Clean up 3:30 – 5:30 pm

*Mural Painting*

\_\_\_ Date TBA when we get approval from city of Dallas

## The Next Step

Mail your completed application to: **Paulding Fine Arts Association, Inc.**, P. O. Box 403, Dallas, GA 30132

OR bring to the Historic Courthouse Gallery on a Thursday, Friday or Saturday between 10 am – 4pm,

OR email PDF of your application to [PFAA@bellsouth.net](mailto:PFAA@bellsouth.net) with *Jr. Volunteer Application* in the comment section of your email.

All applications are reviewed and if selected for further consideration, you will be contacted for an interview. Training date to be announced.

Any questions about the application, contact Peggy Cline at 770-445-4572.

PFAA Staff/Instructors will sign Volunteer forms at end of each camp, festival, class, etc.

for Jr. Volunteers to get volunteer credit. Thank you for your interest in Paulding Fine Arts!!

<http://www.pauldingfinearts.org/>