



## Volunteer Application Kids Art Camp

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Information:

Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Week / Shift (AM or PM) You Are Interested In: \_\_\_\_\_

Why do you want to volunteer with us: \_\_\_\_\_

\_\_\_\_\_

Have you done any volunteer work in the past? Please explain: \_\_\_\_\_

\_\_\_\_\_

Do you need a letter of recommendation or letter of credit hours? If so, for what school or organization are you affiliated with?

\_\_\_\_\_

Do you have any allergies or medical concerns that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Are you an Art Student? \_\_\_\_\_ Would you be interested in an Internship program during the school year? \_\_\_\_\_

If so, How long have you been an art student, where have you studied, and what are your goals in pursuing art as a

career? \_\_\_\_\_

\_\_\_\_\_

**Please continue your application on the back**

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LIABILITY WAIVER  
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I, \_\_\_\_\_ release and hold harmless the Sugar Land Art Center & Gallery, its employees, students and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in any and all classes provided by the Sugar Land Art Center & Gallery, including but not limited to, accidents, acts of God, war, civil unrest, sickness, terrorism, transportation, scheduling, government restrictions or regulations and any and all expenses I may incur while participating in the program. I understand this agreement cannot be modified except in writing by the school and that no oral modification or interpretation shall be valid.

I give permission for pictures of myself or next of kin taken in classes to be used for publicity in the newspapers, website or on brochures for next year. \_\_\_\_\_yes \_\_\_\_\_no (please initial)

I allow Sugar Land Art Center & Gallery's teaching staff to notify me of other upcoming learning opportunities.

I have read this document carefully and I acknowledge my responsibilities and the effect of this liability waiver.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Sugar Land Art Center & Gallery is a non-profit 501c3. We are only able to maintain our organization thru our gracious volunteers. We greatly appreciate your time and willingness to help make Sugar Land Art Center a better place!

**THANK YOU!**