



VOLUNTEER REGISTRATION FORM

As a volunteer, we ask that you complete this form in its entirety. Please be advised that incomplete forms will be discarded. Volunteers must provide their own transportation to and from Stage Presence events.

Requirements

- * Clean Criminal Background Check
- * Copy of Drivers License or Identification Card
- * Copy of Current Resume

PERSONAL INFORMATION

Name:(Last, Middle, First)					DOB:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:				Apt#	City:		State:	Zip:
Day Phone:			Evening Phone:		Social Security Number:			
Height: feet in.		Weight:	Hair Color:	Eye Color:	Drivers License# and State			
Email Address:				T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X				

QUESTIONNAIRE – Please attach additional pages for more space.

Have you ever worked with children? If yes, Where and when?	YES	NO
Have you ever been convicted of a crime (misdemeanor or felony)? Please Explain	YES	NO
Do you mind assisting with labor tasks? (Minor clean up, etc.)	YES	NO
Do you have any health issues that prevent you from standing for long periods of time?	YES	NO
Do you have reliable transportation?	YES	NO

EXPERIENCE AND TRAINING:

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PARENT/GUARDIAN INFORMATION (IF UNDER AGE 18)

Parent(s) or Guardian's Name:							Relationship:				
Address: (if different from student):						Apt#	City:		State:	Zip:	
Day:			Work:				Cell:				
Evening:			Email Address:								

AVAILABILITY: PLEASE PROVIDE DATE TIME YOU ARE AVAILABLE

Mon 7/02	Tues 7/03	Wed 7/04	Thurs 7/05	Fri 7/06	Sat 7/07	Mon 7/09	Tues 7/10	Wed 7/11	Thurs 7/12	Fri 7/13	Sat 7/14
am	am	am	am	am	am	am	am	Am	am	am	am
pm	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm

EMPLOYER INFORMATION

Employer:		Employer Address:				Phone:	
Supervisor's Name:		Phone:				Time at current job:	

Acknowledgement

I understand that I will be given a criminal background check to clear me to work with minors. I further understand that this form will be dually used as a Registration Form and MEDIA RELEASE. Therefore, I hereby grant Stage Presence Performing Arts Studio permission to use, publish, and display for any legal purposes in order to provide information about SPPAS, any or all photographs, videos, or descriptive text in which I or the Minor(s) whom I am responsible appear(s).

Printed Name

Signature

Date