



1401 Parkmoore Ave., Studio #260, San Jose, CA 95126 / 408-384-8674 / www.collegeofadaptivearts.org

Volunteer Application Form

Name: _____

Email: _____

Cell Phone: _____ Home Phone: _____

*Age: _____ * School Attending: _____

*Parent/Guardian Name: _____

*Parent/Guardian Email: _____

*Parent/Guardian Cell: _____ * Home Phone: _____

Age: _____ School Attending: _____

Do you have any special needs, food allergies, or accommodations needed?

Why would you like to volunteer at the College of Adaptive Arts? _____

**Will parent/ guardian be staying on the CAA premises during your volunteer work: Yes No*

What is the time period you are requesting to volunteer?

_____ 1 Time

_____ Multiple sessions: How Often: _____

_____ Over More than 1 Quarter

_____ Other: _____

Have you ever been convicted of a crime? _____

If yes, please explain: _____

Have you ever worked with persons with special needs? _____

Do you have special skills, interests, or talents you'd like to contribute? _____

**If applicable*



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Requirements:

- ✓ TB Test
- ✓ Background check on volunteers planning on attending more than 1 quarter

Volunteers are never allowed to be alone with CAA students at any time. Volunteers under no circumstances are to escort CAA Students to the restroom or assist with toileting needs.

PHOTO RELEASE

I hereby consent to and authorize The College of Adaptive Arts, Inc. to make audio, photo, and video recordings of any rehearsal, community showcase and/or performances without compensation to me. The photos and recordings will be used for promotional material, education purposes or for any other use for the benefit of The College of Adaptive Arts program. Copyright of the recordings is held by The College of Adaptive Arts, Inc. and copies of such recordings shall be made available at a reasonable cost to me.

- I DO CONSENT
 DO NOT CONSENT

Date: _____ Signature: _____

WAIVER OF LIABILITY

I ACKNOWLEDGE that accidents can and do occur even if the utmost care and safety is exercised. Nevertheless, I hereby, EXPRESSLY WAIVE, RELEASE, AND FOREVER DISCHARGE The College of Adaptive Arts, , Inc., its Board of Directors, Instructors, Aides, Volunteers, Agents, Employees, Sponsors, and Affiliates whosoever from ANY AND ALL LIABILITY, CLAIM, LOSS, DAMAGE, COST, OR EXPENSE arising from, or attributable in any legal way to, ANY NEGLIGENT ACT OR OMISSION on the part of any such person or organization.

I ACKNOWLEDGE that I have carefully read this waiver and release and FULLY UNDERSTAND THAT I AM WAIVING ANY AND ALL RIGHTS that I may have to bring a lawsuit in which I could assert a claim against The College of Adaptive Arts, Inc. and all the other persons mentioned for ANY DAMAGES CAUSED BY THE NEGLIGENCE OF THE AFOREMENTIONED PARTIES.

Date: _____ Signature: _____
Volunteer

**For Parents/Legal Guardians of College of Adaptive Arts Volunteers:
I ACKNOWLEDGE that I have carefully read this waiver and release on behalf of my child or ward and FULLY UNDERSTAND that it is a RELEASE OF LIABILITY. I acknowledge that I AM WAIVING ANY AND ALL RIGHTS that my child or ward may have to bring a lawsuit against The College of Adaptive Arts, Inc. and all the other persons mentioned above for ANY DAMAGES CAUSED BY THE NEGLIGENCE OF THE AFOREMENTIONED PARTIES. I hereby CONSENT TO THE TERMS OF THIS WAIVER and allow my child or ward to participate as a Participant in the Programs.*

Date: _____ Signature: _____
Parent/Guardian of Volunteer (if under 18)

*If applicable