

Volunteer Application



Canopy Studio, Inc. is dedicated to enriching the culture of our community and the lives of individuals through flying dance trapeze, movement education and performance arts.

Our organization encourages the participation of volunteers who support our mission. The information on this application will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

Do you have any Physical limitations? _____

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

- Administrative Assistance
 Events/Fundraising
 Program
 Reception
 Communication/Social Media

Skills & Experience

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Include previous volunteer experience.

Why do you want to volunteer? (Or, what do you want to gain from this volunteer experience)

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Have you ever been convicted of a crime? (if yes, please explain the nature of the crime and the date of the conviction and disposition). Conviction of a crime is not an automatic disqualification for volunteer work.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

As a volunteer of Canopy Studio, I agree to abide by the policies and procedures of the organization. I understand that I will be volunteering at my own risk and that Canopy Studio, its employees and affiliates, cannot assume any responsibility for any liability or any accident, injury or health problem which may arise from any volunteer work I perform for Canopy Studio.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.