

Volunteer Application

General information.	
Volunteer Name:	
Address:	
Email:	
Phone Number:	
Guardian Email:	
(required for Volunteers under the	age of 18)
Person to Notify In Case of Emergency:	
Contact Name:	
Phone Number:	
Volunteer Opportunities:	
Which Child Creativity Lab volunteer opportunities a	are you interested in? Check all that apply.
☐ Makerspace-on-Wheels (MOW) Volunteer	☐ Depot for Creative Reuse Volunteer
☐ [On-Call] MOW/Open-Studio Volunteer	☐ Open-Studio Volunteer
☐ Internship Experience	☐ Community Group / Corporate Volunteer Program
Background Check Agreement:	
	ontained in my volunteer application may be used for the purpose of
obtaining background reports and/or inves	
It is the policy of this organization to provide equal of gender, sexual preference, age, or disability.	opportunities without regard to race, color, religion, national origin,
Thank you for completing this application form and	for your interest in volunteering with us
	for your interest in volunteering with us.
Agreement and Signature:	
	set forth in it are true and complete. I understand that if I am sions, or other misrepresentations made by me on this application
may result in my immediate dismissal.	sions, or other misrepresentations made by me on this application
Volunteer's Name (Please Print)	Volunteer's Signature
	Date
Parent/Guardian's Name (Please Print)	Signature of Parent/Guardian (required for Volunteers under the age of 18)
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	Date



Child Creativity Lab Volunteer Acknowledgement, Waiver and Release of Liability

Volunteer Activity: Child Creativity Lab Volunteer	
THIS AGREEMENT made on	(date), by and between the Child Creativity Lab and(volunteer). In consideration for my participation in the
activities in the Community Makerspace at the Makerspace-on-Wheels Outreach Program, I ag	Child Creativity Lab Depot for Creative Reuse or the gree to the following waiver and release:
 known conditions that would be impact participation in activities and events or I assume all risks associated with my patthe Child Creativity Lab, including injuring associated with my participation in, transport of the program or event, I do hereby, for WAIVE, RELEASE AND DISCHARGE and expenses, damages or other losses white Child Creativity Lab, and including sport officers, directors, employees, agents, so In the event that I am unable to do so a aid and other medical treatment in the I understand that at this event or related video or film likeness to be used for an organizers and/or assigns. 	on my own because of injury, I consent to administration of first event of injury and agree to pay to costs of such treatment. ed activities, I may be photographed. I agree to allow my photo, y legitimate purpose by the event holders, producers, sponsors, ER and RELEASE of LIABILITY shall be construed broadly to
I hereby certify that I have read this document	
Thereby certify that thave read this document	and that I understand its content.
Volunteer's Name (Please Print)	Volunteer's Signature
	Date
Parent/Guardian's Name (Please Print)	Signature of Parent/Guardian (required for Volunteers under the age of 18)
	Date