



**Art Road Nonprofit Volunteer Form**

Name: \_\_\_\_\_  
(First) (Last) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

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

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

In Case of Emergency Notify: (Name) \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Phone: \_\_\_\_\_

**All Applicants must completely fill out this section:**

Driver's License or State ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Have you ever been convicted of a Felony: \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Have you ever been convicted of Child Neglect or Abuse: \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Other than the above, are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people:

\_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

**Consent & Liability Release:**

I understand and give my consent that the information that I have provided may be verified and I release Art Road Nonprofit from any liability associated with obtaining and relying upon said information. I understand that the information that I have provided will be used solely for the purposes of allowing me to perform volunteer services for Art Road Nonprofit.

(Print Name) \_\_\_\_\_ Date: \_\_\_\_\_

(Signature) \_\_\_\_\_