



Dance Daze® Volunteer Application

First and Last Name: _____ **Date:** _____

Volunteer Position Sought: _____

Volunteer Screening Checklist

- Resume and Cover Letter Submitted
- Completed Interview Questions
- 3 References and Contact Information
- Signed Reference Release Authorization
- Signed Code of Conduct
- Signed Waiver and Release of Liability
- Signed Photo and Digital Media Release
- Signed Information and Release Authorization
- Proof of Negative TB Test

Your Contact Information

Name: _____ Cell Phone: _____ Email: _____

Preferred method of contact: Email Phone Text Message

Emergency Contact

Name: _____ Cell Phone: _____ Home Phone: _____

How did you hear about us? (Check all that apply.)

- Internet search
- Social Media (Please tell us which site: _____)
- Referral from Friend
- Referral from School / Organization (Please list school or organization: _____)
- Print ad
- Other (Please explain.) _____

Why do you want to volunteer with our organization?

- I need service hours or credit for school. (Below, indicate how many hours you need to complete and by what date.)
- I want to learn more about your organization because I hope to obtain a paid position with your organization.
- I want to gain professional experience in dance education/arts management/nonprofit development/etc.
- I want to volunteer for fun, to meet new friends, and to have new experiences.
- Other (Please explain.): _____

Special Skills or Qualifications

Summarize the special skills and qualifications you have acquired from employment, previous volunteer work, or through hobbies or sports. Please also list any certifications you may have.



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Volunteer Interest Areas

- Administrative Work
- Afterschool Programs (weekday afternoons)
- Community Outreach
- Development and Fundraising
- Event Management
- Marketing
- Seasonal Dance Camp Counselor-in-Training
- Volunteer Recruitment and Coordinating

With whom do you prefer to work?

- By myself
- Directly with adults
- Directly with children
- Directly with teens
- Directly with parents and families
- With other volunteers

Availability

When are you available to volunteer? (Check all that apply.)

- | | | | | | |
|-----------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |
| <input type="checkbox"/> Weekday: | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings | | |
| <input type="checkbox"/> Weekend: | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings | | |

Education

If applicable, please denote what school you are attending: _____

Academic year: Freshman Sophomore Junior Senior Graduate Work

I have completed: High school Some college College Graduate school

If applicable, please list the name of any college/university you graduated from: _____

References

Name: _____
Phone: _____

Relationship: _____
Email: _____

Name: _____
Phone: _____

Relationship: _____
Email: _____

Name: _____
Phone: _____

Relationship: _____
Email: _____

Code of Conduct

I agree to act as a positive representative of Dance Daze® and to fulfill my role as a volunteer to the best of my abilities. I agree to put the safety of Dance Daze® students first, support the Dance Daze® leadership team, and to abide by all Dance Daze® policies that I am asked to follow as long as I am a Dance Daze® volunteer.

Printed name

Signature

Date



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Volunteer Information and Release Authorization

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered at a later time.

References

I authorize and release personal references, employers, and, if necessary, other application entities to answer questions in regard to volunteer work, employment, ability, character, and, if applicable, driving history.

Criminal Background Check

I understand, in consideration of my application, a background investigation may be conducted in areas relevant for the volunteer position for which I have applied.

TB Test

I agree to show proof of a negative TB test that was conducted within the past 4 years before beginning my volunteer work with Dance Daze®.

Waiver and Release of Liability

I understand the risks of personal injury inherent in dancing, in teaching dance to students in various environments, and in volunteering in new environments, and I am willing to assume these risks. In doing so, I waive, release, and hold harmless Dance Daze, Inc., Dance Daze in Schools, Dance Daze® founder Saumirah McWoodson, and all Dance Daze® agents (including employees, executive officers, contractors, volunteers, interns, management, and successors) from and against any and all liability, damages, expenses (including medical bills and legal fees), and/or claims of any nature whatsoever arising out of or in any way related to my participation in the Dance Daze® program and my work as a Dance Daze or Dance Daze in Schools volunteer.

Photo and Media Release

I hereby grant Dance Daze, Inc. and Dance Daze in Schools the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits, pictures, videos or audio recordings of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever, as well as any publication thereof.

I hereby release, discharge and agree to save harmless Dance Daze, Inc. and Dance Daze in Schools, including without limitation any claims for libel or invasion of privacy.

Signature

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, sexual orientation, age, or ability. Thank you for completing this application and for your interest in volunteering with us.

Printed name

Signature

Date

DANCE DAZE



We're Crazy about dance!

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The Education Code, Section 11780, states that all school district employees must have a tuberculin examination upon employment, and every four years thereafter. Volunteers in public schools working directly with students must comply with this ruling, including after school program providers and volunteers. Based on this ruling, Dance Daze, Inc. and Dance Daze in Schools requests to have a copy of your tuberculin (TB) skin test on file. If you have had a TB test within the last year, we can accept that TB test with written proof of a negative reading from your doctor.

We will provide you with a list of free or inexpensive local TB skin test sites upon request. If you choose to visit any of these sites for your TB test, please call ahead of time to confirm prices and hours.

When getting a new TB test, you may take this form to the medical provider. When completed, make yourself a copy, and send a copy to us.

Mail to:

Dance Daze, Inc.
ATTN: Angie Toussaint
1151 Harbor Bay Parkway, Suite 100
Alameda, CA 94502

Or fax to:

(510) 217-6700

Or scan and email to:

angie@dancedaze.org

VOLUNTEER CONTACT INFORMATION

Name: _____ Phone: _____ Email: _____

Address: _____

TUBERCULOSIS EXAMINATION REPORT

TB Test Date: _____ Results: _____

Technician Name: _____ Technician Signature: _____

Name/Address/Phone Number of TB Test Site: _____

ATTENTION MEDICAL PROVIDER:

Please sign in the space provided above, then affix clinic stamp in box to the right, or attach copy of test results or doctor's note to this form. Thank you!

Clinic Stamp: