

Volunteer Application Form

Name: _____ Birthdate: _____

If you have a preferred pronoun, please indicate it here: _____

E-mail: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Current School and/or Job: _____

How did you hear about us? _____

Allergies/Medical Conditions? _____

Please list all relevant experience and/or submit a resume for more details.

Dance Experience: _____

Experience with Children: _____

Experience with individuals with Special Needs: _____

Why do you want to volunteer with us?

What would make you a good fit for this role?

What do you think will be the most challenging thing about this role for you?

What do you hope to learn from this experience?



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1. Which Host Studio location are you interested in volunteering with?

2. Dance classes are typically weekday evenings and weekends depending on the Host Studio location. Each class is typically 45 minutes once a week. Refer to our website for classes and Host Studio locations:

<http://www.danceabilitymovement.com/index.php/regions/>

What is your upcoming availability for volunteering? Please circle all that apply:

Evenings: Wed Thurs Fri

Weekends (daytime): Sat Sun

3. Maximum number of classes you are willing to volunteer for: _____

4. How comfortable are you working with a child with a physical disability? (This will require more physical handling – we will teach you the skills)

Not comfortable at this time _____ I am willing to give it a try _____

I would love this opportunity _____

5. Which of the following forms of communication do you have access to on a DAILY basis? (check all that apply)

E-mail ___ Telephone Call ___ Text Message ___ Facebook ___

Other _____

6. What is the BEST way to get in touch with you? (fastest and most likely you will respond)

7. Yes, I give consent for my photo/video to be taken and used in various forms of media, including flyers, emails, website, and social media platforms

No, I do not consent to my photo/video being taken or used in various forms of media, including flyers, email, website, and social media platforms

Please provide the information for one reference who can be contacted if necessary (If under high school age, this can be a parent or legal guardian):

Name: _____ Relationship to Volunteer: _____

Phone Number: _____ Email: _____

NOTE: If 18 years or older, we require a police reference check with Vulnerable Sector Screening that is valid within 2 years of dance class start date. Please obtain this and bring original to training with a photocopy to leave with The Dance Ability Movement.

Thank you for your interest in volunteering with The Dance Ability Movement.

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Parent/Guardian Consent

Please have a parent or legal guardian complete this section of the application if you/the volunteer applicant is under 18 years of age.

Volunteer Name: _____

Parent/Guardian Name: _____

E-mail: _____

Home Phone #: _____ Cell Phone #: _____

Preferred contact method: _____

By signing below, you, the parent or legal guardian of the volunteer give consent for the volunteer to:

- Participate in dance classes as a Dance Buddy - including but not limited to: working with individuals who have special needs, collaborating with Occupational Therapists, Dance Teachers and other volunteers, and communicating with families of the dancer(s) they support
- Attend the year-end recital, on stage and in front of an audience, if applicable
- Have photos and/or videos of the applicant taken and used on The Dance Ability Movement website, in flyers, emails and/or social media pages
- Receive emails and other communication regarding classes, other volunteer opportunities, volunteer details and upcoming events or news

By signing below, you, the parent or legal guardian and the applicant understand that:

- It is the responsibility of the volunteer to track volunteer hours and obtain signatures/documentation as required for proof of volunteer hours completed
- It is the responsibility of the volunteer to attend classes they have committed to and to safely arrive and depart from those classes
- You as a parent will receive correspondence regarding training dates, class times and changes to class dates/times as they occur, as well as any other correspondence sent to the volunteer

Signature: _____

Date: _____

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Confidentiality Agreement

Name: _____

Host Studio: _____

As a volunteer for the Dance Ability program, I agree to the following terms:

1. I will commit to the dance season from _____. This includes participation in weekly classes. If I am unable to continue in this role I will provide notice in writing to Mallory and Jade immediately. If I will be absent from class, I will notify the instructor at least one week prior and arrange for a substitute volunteer. If I am unable to attend last minute I will notify the instructor or OT at my studio via e-mail, text message, or phone call ASAP and make arrangements for a substitute volunteer if I am able.
2. I understand that I am representing The Dance Ability Movement as well as the host studio and will act professionally and respectfully while volunteering at this program. I am responsible for my own safety. This includes wearing appropriate clothing (Dance Ability T-shirt, hair tied back, no jewellery, dance/indoor shoes etc.), using appropriate language, and maintaining a positive and safe atmosphere at the studio at all times.
3. If I feel uncomfortable at any time I will immediately notify the instructors/facilitators. I will ask for help if I am unsure of how to appropriately interact with a student/parent at any time.
4. I understand that I am working with a vulnerable population. I am aware that information regarding students in the class may be shared with me, and I understand that this information is **confidential** and is not to be discussed or shared with anyone outside of the classroom. This includes the names or other details of students and families in our program.
5. I understand a Police Reference Check with Vulnerable Sector Screening is required if I am of 18 years of age or older, and has to be valid within the last 2 years from the start date of classes. I understand I am required to provide a copy or proof of payment (receipt) of application for my Police Reference Check and Vulnerable Sector Screening by the first day of classes.
6. **I will not post photos of students in our class on social media without permission from them and/or their parent/guardian as well as permission from Mallory/Jade Ryan.**

X

Volunteer Signature

X

Date

X

Witness

X

Date