



## Volunteer Application Form

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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)  
\_\_\_\_\_

**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 high school age 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.**

Date of application: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_ Date processed: \_\_\_\_\_