

## **Volunteer Application**

Name:	First e:	Middle		::
City: Stat	e:			
		Zip:		
Home Phone: Work		•		
Work	Phone:	Cell:		
E-Mail:				
Emergency Contact:		Relationship:		
Phone: Cel	1:			
Extra Time Service Learning Personal fulfillment If you are a service-learning student or		opment	please fill out the in	
# Of hours needed: Due	e by:	School:		
Instructor:	Phone:			
Course:	Purpose of project: _			
**If you require documentation of yo completely fill out the sign-in form e			te this section com	pletely. You also must
LIABILITY AGREEMENT				
I hereby release and hold harmless No Jive while being transported by SPONSOR and Jive Productions, Inc. and No Jive Productions, Inc. or authority of those who accidents(s) that may occur while being trathe aforementioned sites. I understand that volunteer(s), or anyone who is working understand that	for doing performance ons, Inc. legal represent No Jive Productions insported by No Jive Productions I give up my right to see the second seco	(s) at the aforementic ntatives or assignees s, Inc. is acting, from roductions, Inc. spon sue NO JIVE PRODU	oned sites. I hereby re and all persons acting any and all liabilities sor and/or doing perfo	lease and hold harmless No under permission of No Jive for damage(s) and/or ormance(s) and rehearsals at
XPrint Name	X	Signature		_ Date:

Availability									
What is the length of the	e commitme	nt you wish to mal	ke?						
How many hours per me	onth/week do	you wish to volu	nteer?						
On the grid below pleas	e indicate the	e time(s) you are a			PM				
		Alv			PM				
	From		То	Fr	rom	То			
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
	Spring		Summer	Fall	Winter	Year-round			
Please indicate the seasons and dates you are available.									
Assignment In	terest								
Type of work preferre	ed:								
Administrative Special Events Public Relations Other (please specify)									
Skills/Interest									
Special event	Newsletter/writing Fund Raising			ng Oth	Other (please specify)				
Additional Info	nducts several				need free and disco	ounted products and			
services. Please indicate	e below any co	ontacts you may hav	ve that you think co	ould be useful.		_			
Airlines Automo					_	lons			
Other (please specify)	)					_			