

PREBLE COUNTY **art** ASSOCIATION



601 Hillcrest Drive
EATON, OHIO 45320
937-456-3999
www.takepartinart.net

Teen Volunteer

Date _____

Member: Yes _____ No _____

Name _____
First M.I. Last

Residence

Parent's Name _____
Address _____
City _____ State _____ Zipcode _____
Phone _____ E-mail _____

School

Name _____
Grade _____ Age _____
Address _____
City _____ State _____ Zipcode _____
Phone _____ E-mail _____

Availability:

Days

Times

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please list committees, organizations, family role(s)/responsibilities you have served (chores, business, community, political, professional, recreational, religious, social).

| Organization | Role/Title | Dates of Service |
|--------------|------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Education/Training/Certificates

Optional – Have you received any awards or honors that you'd like to mention?

How do you feel the **PCAA** would benefit from your involvement?

Why are you interested in the Art Center?

What level of interest/activity do you have in art?

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of the PCAA (i.e. Youth Outreach).

Please circle any and all additional organizations that you would like to volunteer on/with.

Preble County Fair Art Show

K-12 Art Outreach

Adult Art Classes

Gallery Installation

Festival Art Projects

Youth For Public Art

Membership

Grant writing

Other _____

Pork Festival Pig Painting

Children's Afterschool and Camp

Gallery Planning

Marketing

Bad Art, Good Folk

Public Art

Sponsorship

Art Auction

Please tell us anything else you'd like to share.

Thank you very much for your interest!

WAIVER OF LIABILITY: In consideration for the Preble County Arts Association (PCAA) making programs available to myself or my child I hereby release the PCAA, it's employees, volunteers, instructors, and agents from any and all liability, cost/expense associated with any injury I or my child may sustain while participating in any of the programs and activates. Furthermore, I hereby hold the PCAA; it's employees, volunteers, instructors, and agents harmless for any damage, loss, or claims to my person, child, or property. I assume full and all risks and responsibilities on the premises, both known and unknown. In case I cannot be reached in an emergency, I give my permission to the PCAA to select proper emergency care and treatment for my child or myself. I understand that payment must be made in full and there will be no refunds of money, either full or partial, after the first day of camp/class. I also agree to PCAA photographing my child or myself and using it in promotional materials.

Signature: _____ **Date:** _____

If student is under 18 years of age, parent or legal guardian must sign