



Walton Arts Center

Celebrating **25** Years

Student Volunteer Corps Application 2016 - 2017

Thank you for your interest in volunteering at Walton Arts Center. To be considered for our Student Volunteer Program, please complete this application and return by **Friday December 16th, 2016**. If selected, you'll be invited to our **orientation sessions at Walton Arts Center** after the winter break. Thank you!

To submit your application you may do any of the following:

1. Scan and email in your application to: mfoehl@waltonartscenter.org
2. Mail in your application, postmarked on or before December 16th to:

Walton Arts Center
 Attn: Meghan Foehl
 PO Box 3547
 Fayetteville, AR 72702

3. Drop off your application in person at the Walton Arts Center administrative offices, located at:
 255 N. School Ave
 Fayetteville, AR 72701

Please make sure to complete all application materials:

- application
- essay question answered
- one teacher referral
- youth volunteer contract
- one non-family referral (mentor, employer, another teacher, pastor, etc.)

Please Note: Referral forms are confidential and should be mailed or emailed in by the teacher or other adult completing the form. When your completed application has been received, we will contact your references and notify you if your application is accepted.

If you have any questions during the application process, contact Engagement Coordinator, Meghan Foehl, by phone at 479.571.2766 or by e-mail at mfoehl@waltonartscenter.org

Applicant Name _____ Name Used _____

Home Address _____ Home Phone _____

City/State/Zip _____ Cell Phone _____

Email _____

Age _____ Birth date _____

School Name _____ Current Grade Level _____

Mom/Guardian: Name _____ Phone _____

Dad/Guardian: Name _____ Phone _____

Emergency Contact: Name _____ Relationship _____

Daytime Phone _____ Other Phone _____



Walton Arts Center

Celebrating **25** Years

Please note any medical conditions of which we or emergency personnel should be aware.

This information is only used in the event you require assistance.

Will you be picked up at the Arts Center? ___yes ___no

If "yes", please list all who have permission to pick you up:

Name Relationship Phone Number

Where did you hear about volunteering at Walton Arts Center?

- From a friend
- Flier
- Teacher
- Walton Arts Center staff member or volunteer
- Parents or other family member
- Counselor/Advisor
- Camp War Eagle staff member
- Other (please list): _____

Activities

If you have work or other volunteer experience, please list the **name of the organization, responsibilities, type of work, duties, and dates of service.** Include any organization with which you are currently volunteering.

List any clubs, teams, or organizations of which you are a member, and the dates of your participation.

Interest Inventory

Please rank the following by interest level (1 – most interested, 3 – least interested):

- Production
- Box office/customer service
- Front of House hospitality/set up for events/concessions

Students will be notified by email of available and confirmed opportunities as soon as they are available. If you would prefer to receive correspondence by cell phone text message, please indicate below:

_____ Yes, please text me when available opportunities arise.

_____ No, please only use email correspondence when announcing opportunities.



Walton Arts Center

Celebrating **25** Years

The following is a tentative schedule for this year's Corps and may change at any time:

November 14 th – December 16 th	Open Submissions
January 9 th	Notification of acceptance
Week of January 16 th – 20 th	Student Volunteer Orientation & Training
January – May 2017	Volunteer Opportunities (as announced)

Please note that the majority of performances and job shadow opportunities will be scheduled for weekday nights and weekends. Please acknowledge that you understand that acceptance into the Corps requires you to be on site during these times. All efforts will be made to work with your schedule, however availability during these times will be essential to your experience. Initial below if you understand and accept these time commitments.

Initial _____

Have you ever been convicted of any crime?

Yes___ No___ If yes, please explain.

The use of drugs, alcohol and/or tobacco at Walton Arts Center is strictly prohibited during the entire course of your volunteer program. Violation of the policy results in immediate termination of your participation with the Volunteer Program. IF YOU UNDERSTAND THIS STATEMENT, AND ARE WILLING TO ACCEPT THIS RESTRICTION IF ACCEPTED IN THE VOLUNTEER CORPS, PLEASE INITIAL HERE. _____.



Walton Arts Center Youth Volunteer Contract

The agreement between Walton Arts Center (WAC) and the youth volunteer, _____, is as follows.

(Applicant's name)

THE YOUTH VOLUNTEER AGREES:

1. To abide by all policies and procedures of WAC.
2. To provide accurate, complete and up-to-date information on all application materials.
5. To arrive on time as scheduled, willing to carry out assignments and duties with a positive attitude and in a responsible manner.
6. To let Meghan know with a minimum of 24 hour notice if unable to volunteer, except in the case of emergency or sudden illness.
7. To successfully complete all required training for his/her particular position.
8. To commit to providing quality service and be a responsible and respectful team player.
9. To sign in and sign out accurately each time volunteer service is provided.
10. To accept WAC's right to dismiss any volunteer for poor performance, including attendance, conduct or attitude.

THE WALTON ARTS CENTER AGREES:

1. To provide a professionally structured and well-managed educational program.
2. To provide orientation, on-the-job training, evaluation, and supervision for the volunteer.
3. To provide accurate record keeping of service and recognition for that service.
4. To provide enrichment opportunities for volunteers through the program.
5. To allow for change of assignments as appropriate for both WAC and the volunteer.
6. To provide each volunteer with appropriate working credentials- shirt or name tag.
7. To provide responsible volunteers with a reference, if needed, for future employment or education.

THE PARENT OR GUARDIAN OF THE YOUTH VOLUNTEER AGREES:

1. To facilitate the accurate and timely completion of the youth volunteer application.
2. If applicant is accepted, to allow and support youth volunteer in their participation in the program.
3. To keep the youth volunteer aware of family obligations so they will be able to communicate accurately with WAC staff and fulfill their responsibilities in the program.
4. To provide or help the youth volunteer arrange reliable transportation and proper attire for service at WAC.

For parents/guardians:

Walton Arts Center and Camp War Eagle have my permission to correspond directly with my student in regards to the Student Volunteer Corp program. I do not want to be included in email/text correspondence.

OR

Please include me on all correspondence regarding the Student Volunteer Corp program. Below is the email address you may use.

Youth Volunteer

Date

Parent or Guardian

Date

Parent or Guardian Email Address



2016-2017 INDEMNIFICATION AND RELEASE

I, _____, (Name of Participant) desire to attend classes or workshops at Walton Arts Center or its partner organizations: Trike Theatre, TheatreSquared, and/or University of Arkansas.

I understand that there is some risk of injury inherent in educational and recreational activities offered by Walton Arts Center, and its partners, and that Walton Arts Center or its partners, shall not be responsible for any injuries or damages I might suffer during my participation.

INDEMNIFICATION

Furthermore, I hereby agree to indemnify and hold harmless Walton Arts Center and/or the agents, employees and directors of this institution (collectively, the "Indemnified Parties") for any loss, claim, damage, suit, costs or expenses, including attorneys' fees and court costs, resulting from or arising out of any injury to any person or damage to property, caused by or incurred by myself as a result of or during Walton Arts Center Learning & Engagement programs or any activities in connection with Walton Arts Center Learning & Engagement programs.

RELEASE

In consideration of my willingness to participate in Walton Arts Center's Learning & Engagement programs, I do hereby voluntarily waive and release any and all actions, claims and demands for any damage, injury or loss to person or property which may be sustained by myself directly or indirectly during the course of or as a result of participating in Walton Arts Center's Learning & Engagement programs.

In addition, Walton Arts Center has my permission to use my photograph, taken during these activities, in all printed or online material used for educational purposes.

All content will be used to describe and document Walton Arts Center Education Programs.

I FURTHER UNDERSTAND THAT THIS RELEASE AND INDEMNIFICATION SHALL BE BINDING ON MYSELF, MY ASSIGNS, MY CHILDREN AND/OR WARDS, AND MY PERSONAL REPRESENTATIVES AND HEIRS.

I certify that I have read, understand and agree to the contents of this document.	
_____ Signature – Student if 18 or Older	_____ Date
_____ Printed Name – Student	
_____ Signature of Guardian/Witness if Student under 18	_____ Date



Walton Arts Center

Celebrating **25** Years

Walton Arts Center Youth Volunteer Corp
Youth Volunteer Non-Family Recommendation Form
Teacher Referral

The Youth Volunteer Services Program is an education program and volunteer opportunity. Students, ages 13-18, who show a strong interest in arts and arts presenting are encouraged to apply. Through participation students will gain work experience, learn to communicate more effectively with others, and increase their awareness of the arts, and the arts presenting business through real-life experience and practical training.

Your recommendation will help us to determine the qualifications of the applicant for various positions. We thank you for your time and thoughtful comments.

Applicant's Name _____

Teacher Name and Title _____

School Name and Address _____

School Telephone Number _____

After considering each question below, please rate the applicant's skill level by circling the appropriate response on the scale.

1. How well does the applicant work within a group?

Poor(1) - Average - Excellent(10)

1 2 3 4 5 6 7 8 9 10

Comments:

2. How well does the applicant follow directions?

Poor(1) - Average - Excellent(10)

1 2 3 4 5 6 7 8 9 10

Comments:



Walton Arts Center

Celebrating **25** Years

3. *What is the applicant's interest level in the arts?*

Poor(1) - Average - Excellent(10)

1 2 3 4 5 6 7 8 9 10

Comments:

4. *How would you rate the applicant's level of responsibility?*

Poor(1) - Average - Excellent(10)

1 2 3 4 5 6 7 8 9 10

Comments:

5. *Other comments regarding this applicant's qualification and skills:*

Based on the above responses, I DO / DO NOT recommend this applicant as a volunteer.
(please circle one)

Teacher signature _____ Date _____

All recommendations are kept confidential.

Thank you for your time.

Please mail, or scan and email this form to:

Walton Arts Center
Attn: Meghan Foehl
PO Box 3547
Fayetteville, AR 72702
mfoehl@waltonartscenter.org

Questions or comments?

Please contact Meghan Foehl, Engagement Coordinator
E-mail: mfoehl@waltonartscenter.org
Phone: 479.571.2766



Walton Arts Center

Celebrating **25** Years

Walton Arts Center Youth Volunteer Corp
Youth Volunteer Non-Family Recommendation Form
Non-Family Referral

The Youth Volunteer Services Program is an education program and volunteer opportunity. Students, ages 13-18, who show a strong interest in arts and arts presenting are encouraged to apply. Through participation students will gain work experience, learn to communicate more effectively with others, and increase their awareness of the arts, and the arts presenting business through real-life experience and practical training.

Your recommendation will help us to determine the qualifications of the applicant for various positions. We thank you for your time and thoughtful comments.

Applicant's Name _____

Referral's Name and Title _____

Relationship to Student _____

Telephone Number _____

After considering each question below, please rate the applicant's skill level by circling the appropriate response on the scale.

1. How well does the applicant work within a group?

Poor(1) - Average - Excellent(10)

1 2 3 4 5 6 7 8 9 10

Comments:

2. How well does the applicant follow directions?

Poor(1) - Average - Excellent(10)

1 2 3 4 5 6 7 8 9 10

Comments:



Walton Arts Center

Celebrating **25** Years

3. *What is the applicant's interest level in the arts?*

Poor(1) - Average - Excellent(10)

1 2 3 4 5 6 7 8 9 10

Comments:

4. *How would you rate the applicant's level of responsibility?*

Poor(1) - Average - Excellent(10)

1 2 3 4 5 6 7 8 9 10

Comments:

5. *Other comments regarding this applicant's qualification and skills:*

Based on the above responses, I DO / DO NOT recommend this applicant as a volunteer.

(please circle one)

Referral signature _____ Date _____

All recommendations are kept confidential.

Thank you for your time.

Please mail, or scan and email this form to:

Walton Arts Center
Attn: Meghan Foehl
PO Box 3547
Fayetteville, AR 72702

Questions or comments?

Please contact Meghan Foehl, Engagement Coordinator

E-mail: mfoehl@waltonartscenter.org

Phone: 479.571.2766