



Art Sphere Inc.
Transforming Lives Through Art

915 Spring Garden St. Studio No. 401 Philadelphia, PA 19123 . (215) 413-3955 . info@artsphere.org . www.artsphere.org

VOLUNTEER INTAKE AND RELEASE FORM

Name: _____

Street address: _____

City/state/zip: _____ Date of birth: _____

Phone: _____ Email: _____

Health concerns: _____

Emergency contact: _____ Contact phone: _____

A. **Liability Release.** I _____ (print name) agree to release and forever discharge and hold harmless Art Sphere Inc. ("Art Sphere") from any and all liability, claims, and demands of whatever kind or nature, which arise or may hereafter arise from the services I provide to Art Sphere.

1) I understand and acknowledge that this Release discharges Art Sphere from any liability or claim that I may have against Art Sphere with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Art Sphere or occurring while I am providing volunteer services.

2) I further understand and acknowledge that Art Sphere does not assume any responsibility, or obligation, to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance of any nature in the event of my injury, illness, death, or damage to my property.

B. **Media Usage Release.** I _____ (print name) give permission to Art Sphere to take photographic, sound, and video recordings of me, for use including but not limited to promotion, fundraising, and social media.

C. **Copyright Release.** I _____ (print name) give permission to Art Sphere to use any work I write, create, produce or otherwise generate in connection with volunteer services for Art Sphere, including but not limited to use in promotional and fundraising materials.

Participant Signature: _____

Parent Signature (if under 18): _____

Date: _____

Volunteer Interests and Availability

Check your specific volunteer activity preference(s).

Indoor/Outdoor activities at various schools, recreation centers, parks and playgrounds

- | | | |
|---|---|---|
| <input type="checkbox"/> Assisting teaching youth | <input type="checkbox"/> Event management | <input type="checkbox"/> Mural painting |
| <input type="checkbox"/> Painting over graffiti | <input type="checkbox"/> Card making | <input type="checkbox"/> Videography |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Park clean up (raking, sweeping, landscaping, trash removal) | |

Indoor activities at 915 Spring Garden Office or Volunteer from your Home/Office

- | | | |
|---|---|--|
| <input type="checkbox"/> Assisting teaching youth | <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Event planning |
| <input type="checkbox"/> Office work | <input type="checkbox"/> Graphic design | <input type="checkbox"/> Social networking |
| <input type="checkbox"/> Web design | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Lesson plan translation |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Card making for seniors or soldiers | |
| <input type="checkbox"/> Blogging | <input type="checkbox"/> Art sales and demonstrations at Open Studio weekend events | |

Written or verbal fluency in any another language(s): _____

Other skills, education, certifications, interests or experience:

Please be advised that volunteer teachers must submit background checks and attend a two-hour training session. Please refer to the Art Sphere Inc. website www.artsphere.org for the proper forms.

Please fill in the times you are typically available (i.e. 10-2, 4-6 etc.) on the days you'd like to volunteer. Our office hours are 9 to 6 during the week. Most teaching assignments are from 3 to 6 pm two afternoons per week, and a Sunday class is available. Mural events are generally scheduled for 10 to 1 during the week or on Saturdays.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Specific start or end dates: _____

Do you drive? _____ Neighborhood preferences: _____

For ASI us only:

- | | | |
|--|--|---|
| <input type="checkbox"/> Group Event | Event Name: _____ | # of Volunteers _____ |
| Teacher training date scheduled for: _____ | | Other: _____ |
| <input type="checkbox"/> Background check | <input type="checkbox"/> Child Abuse check | <input type="checkbox"/> Resume <input type="checkbox"/> Release form |

We collect the following information to help us let our funders know whom we are serving. We will detach this portion from your application so that your answers remain anonymous. THANK YOU!

Demographic Information

- | | | |
|--------------------|--|--|
| 1. Gender: _____ | 2. Age: _____ | 3. Veteran: <input type="checkbox"/> Y or <input type="checkbox"/> N |
| 4. Salary range: | <input type="checkbox"/> less than \$31,721 | <input type="checkbox"/> \$31,721 - \$52,267 <input type="checkbox"/> above \$52,267 |
| 5. Education: | <input type="checkbox"/> high school | <input type="checkbox"/> college degree <input type="checkbox"/> masters/professional degree |
| 6. Race/ethnicity: | <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian | <input type="checkbox"/> Latino/Hispanic |
| | <input type="checkbox"/> Other | <input type="checkbox"/> two or more races |