



Art Sphere Inc.
Transforming Lives Through Art

STRENGTHENING OUR COMMUNITIES SINCE 1998

BOK Building, 1901 S 9th St. Studio 502, Philadelphia, PA 19148 . (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

Volunteer activity preference(s) and interest(s): _____

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

Other skills, education, certifications, interests or experience: _____

Specific start or end dates: _____

In-Person Volunteers ONLY

Do you drive? _____ Neighborhood preferences: _____

Please be advised that in-person volunteer teachers must be fingerprinted and attend a training session with the executive director. For more information on teaching in-person, please email kristin@artsphere.org

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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 | |