



Volunteer Application Form

Name: _____ Birthdate: _____

E-mail: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Current School and/or Job: _____

How did you hear about us? _____

Allergies/Medical Conditions? _____

Please list all relevant experience and/or submit a resume for more details.

Dance Experience: _____

Experience with Children: _____

Experience with individuals with Special Needs: _____

Why do you want to volunteer with us?

What would make you a good fit for this role?

What do you think will be the most challenging thing about this role for you?

What do you hope to learn from this experience?



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1. Which Host Studio location are you interested in volunteering with?

2. Dance classes are typically weekday evenings and weekends depending on the Host Studio location. Each class is typically 45 minutes once a week. Refer to our website for classes and Host Studio locations:

<http://www.danceabilitymovement.com/index.php/regions/>

What is your upcoming availability for volunteering? Please circle all that apply:

Evenings: Wed Thurs Fri

Weekends (daytime): Sat Sun

3. Maximum number of classes you are willing to volunteer for: _____

4. How comfortable are you working with a child with a physical disability? (This will require more physical handling – we will teach you the skills)

Not comfortable at this time _____ I am willing to give it a try _____

I would love this opportunity _____

5. Which of the following forms of communication do you have access to on a DAILY basis? (check all that apply)

E-mail ___ Telephone Call ___ Text Message ___ Facebook ___

Other _____

6. What is the BEST way to get in touch with you? (fastest and most likely you will respond)

Please provide the information for one reference who can be contacted if necessary (If under high school age, this can be a parent or legal guardian):

Name: _____ Relationship to Volunteer: _____

Phone Number: _____ Email: _____

NOTE: If high school age or older, we require a police reference check with Vulnerable Sector Screening that is valid within 2 years of dance class start date. Please obtain this and bring original to training with a photocopy to leave with The Dance Ability Movement.

Thank you for your interest in volunteering with The Dance Ability Movement.

Date of application: _____

FOR OFFICE USE ONLY

Date received: _____ Date processed: _____