montalvo
ARTS CENTER

Emergency Information & Release for YOUTH Volunteers (Under age 18)

Name of Volunteer: _____ Nickname (if any): _____

Home Phone: (_____) _____ Email: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Name of School: _____

Referred by: _____

I am the parent or legal guardian of (name of minor): _____ and support his/her application and volunteer service at Montalvo Arts Center. I release the MONTALVO ARTS CENTER and its respective officers, employees or volunteer workers from all claims for loss, injury, illness or death occurring and/or related to participation. The arts center may use pictures, video or sound recording of my child in its promotional material, educational or programming uses such as in arts center exhibits. In case of emergency, I authorize any licensed physician, nurse or hospital to render such medical aid as may be deemed necessary and/or desirable to the child(ren) named above. I understand that the arts center does not provide Workers' Compensation insurance and that in the event of injury or illness, I will look to my own insurance coverage. **Emergency contact information for my child is as follows:**

Emergency Contact: _____ Relationship: _____

Preferred Phone: (_____) _____ Alternate Phone: (_____) _____

I understand that the arts center cannot provide transportation to or from my child's volunteer location. I permit my child to volunteer outside of public arts center hours and in non-public portions of the arts center, including offices, studios, and other indoor and outdoor spaces, as well as off-site locations. If my child has any special medical or other needs or cannot work in these conditions, I will discuss those with the arts center in advance and understand that the arts center cannot administer any medication and reserves the right to not assign a volunteer to an assignment that may not be appropriate due to the volunteer's special needs. I also understand that in the event I have any questions or concerns about my child's volunteer activity I may contact the following individuals at the arts center:

Volunteer Resources Office: 408.961.5828 or volunteer@montalvoarts.org

Does your child have any special needs or require special accomodation? ☐ No ☐ Yes--Please describe:

_____

_____

Does your child have a medical condition and/or allergy we should be aware of in case of injury?

☐ No ☐ Yes--Please describe: _____

_____

I understand that my/my child's volunteer work will be supervised by arts center staff and/or volunteers and that I/ my child must follow all arts center policies and guidelines.

Signatures of Volunteer & Parent/Legal Guardian

Signature of Volunteer: _____ Date: _____

Signature of Guardian: _____ Print Guardian Name: _____

:: Volunteer Resources Office
15400 Montalvo Road P.O. Box 158
Saratoga, California 95071
Phone: 408 961 5828
Fax: 408 961 5850
volunteer@montalvoarts.org