



Volunteer Interest Form

Name (Please Print) _____ Date ____/____/____

Mailing Address _____

City _____ Zip _____

Email (Important!) _____ @ _____

We only use email as a way to contact volunteers with available opportunities.
Please print carefully and clearly.

Contact Phone (____)_____ Date of Birth (office use only) ____/____/____

Why would you like to volunteer with us? _____

CCPA Staff or Volunteers you know _____

Do you volunteer other places? If so where? _____

Languages other than English you Speak _____ Read _____

Other Special Skills or Interests _____

General Areas of Interest-Check all that apply

_____ Lobby/Usher _____ Lobby/Concessions _____ Bartender

_____ Banquet Clean Up _____ Publicity _____ Set Construction/Painting

_____ Costume Assistance _____ School/Community Ambassador (distribute fliers etc)

_____ Other, please list _____

Thank you for your interest!! We will add your email to our contact list. Whenever we have opportunities available we will send out an email to let you know.

Covina Center for the Performing Arts 104 N Citrus Avenue Covina, CA 91723
Info@CovinaCenter.com



VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

1. I, _____, agree to work for Covina Center for the Performing Arts as a volunteer
2. As a volunteer, I understand that I control the dates and times when I do the work, and that Covina Center for the Performing Arts is not responsible for scheduling my volunteer work, I also understand that I will earn no wages or benefits and will not be entitled to unemployment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 40 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in these activities with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for Covina Center for the Performing Arts, I hereby agree that , EXCEPT FOR A WORKERS' COMPENSATION CLAIM, I and my assignees, heirs, guardian, and legal representative, will not make a claim against or sue Covina Center for the Performing Arts or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of Covina Center for the Performing Arts as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE COVINA CENTER FOR THE PERFORMING ARTS AND ITS OFFICERS, EMPLOYEES, AGENTS AND LEGAS REPRESENTATIVE NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM COVERED BY COVINA CENTER FOR THE PERFORMING ARTS WORKERS' COMPENSATION PROGRAM, I authorize Covina Center for the performing Arts to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer.
6. I understand that the materials and tools provided by Covina Center for the Performing Arts are and remain the property of Covina Center for the Performing Arts, and I agree to return these tools and any remaining materials to Covina Center for the Performing Arts at the end of my volunteer service.
7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSATND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Date _____/_____/_____ _____
Volunteer Signature

Printed Name

Date _____/_____/_____ _____
Covina Center for the Performing Arts Representative Signature



Volunteer Emergency Contact Form

Please fill out as complete as possible. Information will only be used in the event of an emergency

First Name _____ Last Name _____

Date of Birth ____/____/____ Today's Date ____/____/____

Address _____

City _____ Zip _____

Cell Phone (_____) _____ Home Phone (_____) _____

Email Address _____ @ _____

In Case of Emergency Please Contact

Name _____

Relationship to you _____

Address _____

City _____ Zip _____

Cell Phone (_____) _____ Home Phone (_____) _____

Medical Information

Primary Care Physician _____

Office Phone (_____) _____

Insurance Carrier _____ Member ID _____

Please list any known medical conditions, allergies or medications:

Information provided on this sheet is for internal use only in the event of an emergency