

**Empowered Players**  
**Volunteer Application**

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## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Parent Name	
Parent Contact Info	

## Availability

Which session are you interested in/available?

Arts Enrichment Program  
Sundays, 3-4pm

Frozen Jr.  
Sundays, 4-5:30pm

The Lion, The Witch, and  
The Wardrobe  
Mondays, 5-6:30pm

REQUIRED: Mentor  
Meetings & Trainings  
Sundays, 5:30-6:00pm

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

**Previous Volunteer Experience**

Summarize your previous volunteer experience.

**Person to Notify in Case of Emergency**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	
Parent Name (printed)	
Signature	
Date	

### **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.