

**Riverbend Academy**  
**TEEN VOLUNTEER FORM & WAIVER**

Teen Volunteers are used to help with various components of Riverbend Academy. The primary function will be assistance with Summer Day Camps but other tasks may include, office assistance, event support/set-up, manning the facility during events or classes to name a few. Please provide us information about yourself and indicate how you wish to volunteer with Riverbend. Each volunteer must sign a liability waiver, and **volunteers under age 18 must have a guardian signature and provide all guardian contact information.** No applications will be accepted without fully completing all fields below.

Teen's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Gaurdian(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

I have the following background and skills to offer Riverbend Academy which is why I should be chosen to be a Teen Volunteer (attach a letter or resume if desired):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a volunteer participant with Riverbend Academy, Inc., I agree to serve the covenants of the organization by serving the creative needs of the community in a manner that is consistent with Riverbend Academy. I will reflect the values and standards of the organization which include: A) recognizing the dignity of each person and treat all persons with fairness; B) embody ethical and moral values and social teachings in decision-making; C) provide responsible stewardship of all entrusted resources and gifts; and D) collaborate internally and peacefully with one another to deliver comprehensive, integrated and quality art and music instruction and culture to those we serve. Furthermore, I (and my dependent) understand and accept that Riverbend does not provide health or liability insurance to volunteers while on site or other Riverbend related activities. I agree to assume all risk of injury that I (or my dependent) may suffer during participation as a volunteer and agree to hold harmless liability for any claim, demand, damage, action or causes of action, of whatever kind or nature, on account of, arising from, or in any way growing out of my volunteer activities with Riverbend Academy, Inc.

PRINTED NAME (if under 18, guardian name) \_\_\_\_\_

Signature (if under 18, guardian signature) \_\_\_\_\_ Date \_\_\_\_\_

If signing for a dependent, please PRINT child's name here: \_\_\_\_\_

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name \_\_\_\_\_ Phone \_\_\_\_\_

(Please initial) I have received and read the Riverbend Policies \_\_\_\_\_

**PLEASE RETURN THIS TEEN VOLUNTEER FORM & WAIVER TO RIVERBEND ACADEMY**

**Mail To: P.O. Box 482 Henderson, KY 42419-0482 Questions? Call (270) 827-9420**

Web: [www.riverbendacademyarts.com](http://www.riverbendacademyarts.com) E-mail: [info@riverbendacademyarts.com](mailto:info@riverbendacademyarts.com)