

Riverbend Academy
VOLUNTEER FORM & WAIVER

Volunteers are used to help with various components of Riverbend Academy; Office Volunteers, Committees, Facility Construction/Maintenance and Event Support/Set-Up 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 complete the TEEN VOLUNTEER FORM and have a legal guardian signature.

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Home E-mail _____

Company _____ Title _____

Work Address _____

City _____ State _____ Zip _____

Work Phone _____ Work E-mail _____

What is the best way to reach you? ____ Home ____ Work

I have the following background and skills to offer Riverbend Academy (attach resume/letter 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 (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 (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 _____

Signature _____ Date _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name _____ Phone _____

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

How do you wish to volunteer your time with Riverbend? (Circle or fill in the blank)

Office/Front Desk Professional Committees Facility Construction/Maintenance Event Support/Set-Up

OTHER/SPECIFIC: _____

See Our Website or Call for a list of more specific volunteer needs.

PLEASE RETURN THIS 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 E-mail: info@riverbendacademyarts.com