Creative Expressions Dance Studio



P. O. Box 1336 Flint MI 48501 (810)-787-3991

## **Volunteer Agreement Form**

First Name:	Last Name:	
Address:		
Telephone: (H)	Cell:	_
Email:	Driver's License N	lo
When are you available to vo	lunteer (specify hours of avail	lability)?
Monday Tuesday	Wednesday Thu	rsday Friday
Saturday Sunday		
Types of volunteer work you	think you'd be most comforta	ble with:
Recital Stage Mom	Concessions	Marketing/Public Relations
Office Duties	Cleaning	Dinner Program
Costumes	Security	Grant Writing
central registry. Michigan's Central by The Child Protection Law. There Screening must be completed before	Registry is a list of people who come is no fee on the part of the voluntere volunteers begin working.	teers working with children to submit to a simitted child abuse or neglect; as mandated eer for the central registry clearance.
I agree to have a CENTRAL RE		
organization. I understand that I wi Creative Expressions Dance Studio hereby Release and Waive liability a	II receive no monetary benefits in romay terminate this agreement at aragainst Creative Expressions Dance	by all applicable rules and regulations of the eturn for my volunteer service and that my time without prior notice for any reason. I Studio., a non-profit, its directors, officers, I myself may suffer in connection with any
Volunteer Signature:		Date: