



**YOLOARTS VOLUNTEER APPLICATION**  
*Please return application to YoloArts at  
508 Gibson Road, Woodland or by email to YA@yoloarts.org*

Why do you want to Volunteer for YoloArts? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about this opportunity?

- E-Blast       Facebook/Instagram     YoloArts Website       Friend       YoloArts Staff  
 Other: \_\_\_\_\_

Please check the areas in which you have experience or training:

- Computer Skills     Clerical     Phones     Customer Service     Art     Other: \_\_\_\_\_

Are you fluent or proficient in any languages other than English? If yes, which languages?

\_\_\_\_\_

Are you a student?                      Yes    No

If yes, what school? \_\_\_\_\_ Area of study \_\_\_\_\_

Is your volunteer work a requirement?                      Yes    No

If so, how many hours need to be completed? \_\_\_\_\_ When do they need to be completed by? \_\_\_\_\_

Do you require any special accommodations in a work/volunteer environment?    Yes    No

If yes, please describe. \_\_\_\_\_

**Availability**

Please write the times that you are available next to the days you wish to volunteer.

(Example: Tuesdays 3:00-5:00pm)

Monday \_\_\_\_\_    Tuesday \_\_\_\_\_    Wednesday \_\_\_\_\_    Thursday \_\_\_\_\_

Friday \_\_\_\_\_    Saturday \_\_\_\_\_    Sunday \_\_\_\_\_

**Media Release**

By signing below, I grant YoloArts the right to take photographs and video of my and any creative work I undertake, complete, or in process. I authorize YoloArts its assignees and transferees, to copyright, use, and publish the same in print and/or electronically. I agree that YoloArts may use images of me with or without my name, and for any lawful purpose, including publicity, illustration, advertising, and web content.

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**Fingerprinting/Live Scan**

Applicable only if the volunteer will be a docent or will volunteer with minors.

Volunteers will be required to pass a Live Scan Fingerprint background check. Notifications of relevant convictions are sent to YoloArts. YoloArts will pay the cost for Live Scan processing for Volunteers.

**Applicant Disclosure Form:**

Please answer yes or no to each of the listed items. If yes, please explain on a separate piece of paper.

1. Have you been convicted of a felony:   Yes   No                      a misdemeanor:   Yes   No
  
2. Have you been convicted of any crimes against persons?       Yes   No
  
3. Have you been found guilty of sexually assaulting or exploiting any minor or to have physically  
    Abused any minor?       Yes   No

**Agreement on Confidentiality:**

I agree to refrain from repeating to any outside source and to keep confidential all information or records pertaining to clients/employees/associates obtained while volunteering at YCAC. I realize that this is privileged information and is not to be shared with anyone. Information shall be shared only as necessary to properly carry out my task and/or assignment.

I have read the information contained herein and certify that the foregoing is true and correct. I authorize the Yolo County Arts Council to inquire with former employers or references and obtain any and all information regarding my job related background. I further authorize any person contacted by YCAC to provide requested information to YCAC. I release and hold harmless YCAC, my former employers, and all references for any and all liability in obtaining or disclosing such information. I agree the YCAC, at its discretion, preclude me from volunteer service if among other reasons; I provide misleading or incomplete statement. During such times as I am a YCAC volunteer, I agree to assume full responsibility for such participation and release YCAC from any damages which I may sustain.

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*For staff use only – Please do not write below this line*

Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer(s): \_\_\_\_\_ Background Check Date: \_\_\_\_\_

Volunteer Placed: \_\_\_\_\_

Duration:  On Call  Temporary (>6 Months)  Long Term (<6 months)  Other: \_\_\_\_\_

Start Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Volunteer no longer active as of: \_\_\_\_\_

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**Emergency Contact Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Relationship: \_\_\_\_\_