**Personal Information:**

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

Contact Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Emergency Contact – name, number, and relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am available for performances and rehearsals on:

*Days of the Week* *Times:*

Monday AM PM

Tuesday AM PM

Wednesday AM PM

Thursday AM PM

Friday AM PM

**Reference Information:**

Please provide contact information for 2 people who can provide a personal or professional reference, speaking to your ability to work with others, manage schedules and time commitments, and interact with children.

**1. Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please read the following Volunteer Responsibilities, then email or fax your volunteer application back to Kids on the Block c/o kotbregina@gmail.com or fax to 306-522-5070. The Coordinator will be in contact with you. Thank you for your interest in Kids on the Block.

**Commitment and Consent:**

* I agree to attend training as required.
* I agree to attend all performances I am scheduled to perform at. In the case of an emergency where I am unable to attend, I agree to contact the Coordinator by phone as soon as possible so a replacement can be found.
* I understand that I may become aware of confidential information during the course of my volunteering. I agree to maintain the confidentiality of this information.
* I agree to advise the Coordinator immediately of any suspicions or disclosures of child abuse, whether during the performance or after.
* I agree to complete a Criminal Record Check with vulnerable sector clearance and show a copy of this to the Coordinator.
* I freely and voluntarily assume any risk and hazards inherent in the nature of the program and my participation in the program is entirely at my own risk.
* I waive any claim I have against the Regina Sexual Assault Centre (RSAC), its executive or its members, arising from my participation in the program and agree to indemnify and save harmless RSAC and all project partners, including any claim for medical services occurring from my participation in the program.
* If there is a medical emergency, I give permission for staff or other volunteers to proceed in any manner they see necessary and in my best interests. I give permission to contact the emergency contacts I have provided.
* My name, photos and videos of me as a volunteer for Kids on the Block Regina can be used by the Kids on the Block Regina program for promotional and informational purposes. This includes release for use in newsprint and newsletter articles, website usage, social media and submission to third parties.
* I have read and understood the Roles and Responsibilities of the Kids on the Block program.