



VOLUNTEER DANCE PARTNER APPLICATION

Volunteer Information Please indicate preferred contact method(s) by checking appropriate box

Name of Volunteer		<input type="checkbox"/> Daytime Phone		<input type="checkbox"/> Evening Phone	
Birth Date / /	Age	<input type="checkbox"/> Mobile Phone		<input type="checkbox"/> Email Address	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Street Address		City		State	Zip
Name of Emergency Contact and relationship		Daytime Phone		Evening Phone	

Employment

Employer (or n/a if unemployed/retired)	Position	List your AM/PM volunteer availability here.
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Health Information: List any physical or health concerns that would affect your ability to participate in a one-hour dance class.

Do you have any dance experience, and/or experience working with the populations we serve?

Release

I acknowledge that by signing this form I am waiving any right to recourse and agree to hold harmless *Yes, You Can Dance!*, its directors, officers, employees, and agents from damages to property or injuries (including death) to any person(s) and any other losses, damages, expenses, claims, demands, suits, and actions (including attorney's fees) by any other party against *Yes, You Can Dance!* in connection with my participation in any *Yes, You Can Dance!* class, activity, or event.

In order to serve as a Volunteer Dance Partner, candidates must be able to support the weight of a partner while dancing and be free of any balance issues.

Yes, You Can Dance! has my permission, both during and anytime after, to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, social media, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of *Yes, You Can Dance!* and/or applying for funds to support those purposes and activities.

If, during my participation in *Yes, You Can Dance!* activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize *Yes, You Can Dance!* to take whatever measures are necessary to protect my health and wellbeing, including, if necessary, hospitalization.

I, the applicant named above, have read this release and fully understand its provisions.

Signature of Volunteer Dance Partner

Date