



KALEIDOSCOPE ARTS FOUNDATION

27 Jubilee Road, Devonshire DV06
441-542-9000
info@kaf.bm | www.kaf.bm

VOLUNTEER INFO (MUST BE 14 YEARS OF AGE)

First Name

Last Name

Address

Date of Birth dd/mm/yy

Male/Female

Phone

School Name

Email

EMERGENCY CONTACT

Full Name

Relationship to Volunteer

Address

Phone

Email

VOLUNTEER BACKGROUND

Please circle one.

Have you volunteered at Kaleidoscope before? **YES / NO**

Dates if Yes? _____

Allergies or health conditions? **YES / NO**

Please Explain _____

ADDITIONAL QUESTIONS FOR VOLUNTEER

1. Prior experience working with children is not necessary but if you have had experience please note it here.

2. In your own words, please state why you would like to volunteer at Kaleidoscope.

Volunteer training days are after school Mondays, Tuesdays, and Wednesdays from 3:45-5:30. Volunteer applicants are expected to complete 6 weeks training before they can apply to assistant positions.

Please circle the days you are able to come in for Volunteer Training.

Monday
3:45-5:30

Tuesday
3:45-5:30

Wednesday
3:45-5:30

Waiver (For parent or Guardian to Fill Out)

By checking this box, I agree to the waiver and that I am 18 or older, and agree to the application of this volunteer. I also agree that I have had SCARS training and will educate this volunteer on key points prior to volunteering at Kaleidoscope.

Authorized Signature _____

Date dd/mm/yy _____