



# 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 kid is not necessary but if you have had experience please note it here.

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

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**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 \_\_\_\_\_