

Exceptional Choral Events

Volunteer/Staff Application Form

The following information is required for all Exceptional Choral Events staff and volunteers. By completing this form, you give us permission to obtain a WA STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY CHECK from the WSP criminal identification system. This will provide a report of any record of your criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions.

Today's Date: _____ (background checks must be updated every 2 years).

Full Legal Name (First, middle, last) _____

Other names by which you have been known (maiden, former last names, etc): _____

Birth date ___/___/___ Male Female Preferred Nickname (if any) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Emergency Contact _____ Phone _____

Background Information: Have you ever been convicted of a crime against any person? ___YES ___NO

A crime against persons includes any of the following offenses: aggravated murder, first or second degree murder, first or second degree kidnapping, first or second degree assault; first, second or third degree rape; first, second or third degree statutory rape; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment. If yes, please describe and provide date(s) of trial(s), conviction(s) and sentence(s) imposed – use back or attach additional pages.

Have you ever been found to have sexually abused, assaulted or exploited any minor, or to have physically abused any minor in a:

a) Dependency action b) domestic relations proceeding c) disciplinary board final decision ___YES ___NO

If yes, please explain – attach additional pages, if needed.

Will you ever be driving a group of our singers? If so – please complete the following:

WA STATE DRIVER'S LICENSE NUMBER _____ EXP. DATE _____

If license is other than WA State, please specify state _____

Vehicle Information: Make: _____ Model: _____ Color: _____ Year: _____

How many seat belted passengers can you safely carry (not counting the driver)? _____

Do you have airbags? ___Yes ___No If so, how many passengers must be over age 12? _____

AUTO INSURANCE COMPANY _____ PHONE _____

POLICY # _____ NAME OF POLICY HOLDER _____

DOES POLICY INCLUDE PERSONAL INJURY PROTECTION COVERAGE*? Yes No

*This is required to drive a carpool. Please check with your insurance company if you don't know.

DOES POLICY COVER OTHER DRIVERS THAN THE POLICYHOLDER? Yes No

Medical Information:

Medical Insurance carrier _____ Policy # _____

Allergies, medical conditions or dietary needs we should be aware of: _____

Physician _____ Phone # _____

Release Statement: As a condition of being allowed to volunteer or work as staff for Exceptional Choral Events / Northwest Choir Resources to do so I, hereby, release and discharge Stephanie J Charbonneau, Donald F Stojack, Exceptional Choral Events / Spectrum Choral Academy / Northwest Choir Camps / Youth Choir Festival Northwest / Fort Worden Children's Choir Festival owners, employees, staff and/or instructors from any and all claims for personal injuries or property damage that I may suffer as a result of my participation in said activities whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individuals named or described above. I, hereby, warrant that I am physically fit and capable of taking part in such activity. In case of medical or surgical necessity or emergency, I hereby give my permission to the physician selected by Exceptional Choral Events personnel to provide whatever medical or surgical treatment is necessary. I agree to abide by the rules and regulations governing the above-described activity and to obey any instructions given by the person(s) having supervision and control over the activity. I, hereby, authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use. UNDER PENALTY OF PERJURY, I certify that the above information I have provided is true, correct and complete. I understand that I can be discharged for any misrepresentation or omission in the above statement. I also understand that being a volunteer / staff working with children is conditioned on receipt of a satisfactory report from the WA State Patrol.

Signature _____ Date _____