

EDUCATION VOLUNTEER APPLICATION

Date: _____

PERSONAL INFORMATION

Name: _____

Email: _____

Cell Phone Number: _____ Home Phone Number: _____

Address: _____

Years at this address: _____

List any previous addresses over the past 10 years:

Address: _____

Dates: _____

Address: _____

Dates: _____

EDUCATION HISTORY

School Attended	Years Attended	Completed	Degree/Course of Study

Other classes or training:

EMPLOYMENT HISTORY

Please list two previous employers, starting with the most recent:

Employer/Company : _____

Address: _____

Telephone Number: _____

Position Held: _____

Dates of Employment: _____

Reason for Leaving: _____

Contact: _____

Employer/Company : _____

Address: _____

Telephone Number: _____

Position Held: _____

Dates of Employment: _____

Reason for Leaving: _____

Contact: _____

Have you volunteered for or been employed by the JBFC before? If yes, when and in what capacity?

Please describe your experience working with children:

Do you have any experience with media and filmmaking, such as HD cameras, Macs, iMovie, iStopMotion, etc.?

Please list any safety training you may have (CPR, etc):

Reference: _____

Relationship: _____

(no relatives please)

Telephone #: _____ Email: _____

Reference: _____

Relationship: _____

(no relatives please)

Telephone #: _____ Email: _____

EDUCATION VOLUNTEER

CONSENT AND WAIVER

In order to serve the best interest of visitors, the JBFC conducts a criminal background check on all staff, interns and volunteers age 18 and over. Conviction or other disposition of a crime is not necessarily an automatic bar to volunteer service. My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks and reference checks. I further authorize those persons, agencies or entities that the JBFC contacts in connection with my volunteer application to fully provide JBFC any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against the JBFC, its agents and officials, or against any provider of such information. I represent and warrant that I have read and fully understand the foregoing and seek to volunteer under these conditions.

VOLUNTEER STATEMENT

I understand that any misrepresentation or material omission made by me on this application will be grounds for cancellation of this application or refusal of my volunteer service, regardless of when discovered.
I acknowledge that I offer my services as a volunteer and have no expectation of payment, monetary or otherwise.
I also understand that I am free to resign at any time, with or without cause and without prior notice, and the JBFC reserves the right to terminate my service at any time, with or without cause and without prior notice.
I understand that as a volunteer, I am a representative of the JBFC and will act accordingly.
I acknowledge that I will be given the opportunity for training for the services I will provide.
I will do my best to uphold the JBFC's education philosophy.
I understand that my volunteer services is conditioned upon a successful criminal records check.

Social Security Number: _____

Name (print): _____

Signature (can be typed): _____

By typing your name you have created an electronic signature as legally binding as your handwritten signature.

Date: _____
month/day/year

All volunteers are required to view a mandatory abuse and molestation training video as well as sign the Acknowledging Receipt of Abuse and Molestation Training below. Please follow the web links to view the training videos.

Please click here if you are **18 and older**:

<https://vimeo.com/49259560>

Password: **training**

Please click here if you are **17 and younger**:

<https://vimeo.com/49247924>

Password: **training**

Acknowledging Receipt and Understanding of Abuse and Molestation Training

I acknowledge that I have been trained to recognize the signs of abuse and molestation, and to report the behaviors of a child, student or participant that has or may have been abused or molested to a specific individual at the Jacob Burns Film Center and/or law enforcement. I understand that the organization will not tolerate any employee, volunteer, board member, or third party who commits abuse and molestation. I understand that disciplinary actions will be taken against those who are found to have committed abuse and molestation.

Date Received Training: _____
month/day/year

Name (print): _____

Signature: _____

By typing your name you have created an electronic signature as legally binding as your handwritten signature.

Date: _____

month/day/year

Human Resources Name (print): _____

Human Resources Signature: _____

Date: _____

month/day/year

Please return your completed application, a copy of your Driver's License and Social Security Card to:
eduvolunteer@burnsfilmcenter.org