

## Darby's Dancers Buddy Application

**\*Please return by Friday, June 1 to Utah Dance Artists**

**South Jordan or Draper Studio Location**

### APPLICANT INFORMATION

Applicant's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ 2018-19 Grade in School: \_\_\_\_\_

Applicant's School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant/Parent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

### VOLUNTEER HISTORY

Have you had previous volunteer experience?      Yes      No

If "Yes", please answer the following questions:

Name of organization(s): \_\_\_\_\_

\_\_\_\_\_

What did you do as a volunteer?

\_\_\_\_\_

\_\_\_\_\_

Do you have any special skills, talents or training? (computer skills, babysitter training, sign language, skilled in music, etc...) \_\_\_\_\_

\_\_\_\_\_

Do you have experience or know a child with special needs like autism, cerebral palsy, needs a wheelchair, deaf or other needs? Please share with us what you have experienced.

\_\_\_\_\_

\_\_\_\_\_

Part of our Darby's Dancers Buddy application process will include UDA sending reference forms to three individuals we ask to give you a referral. These individuals should come from a pool of teachers, coaches and/or mentors who know your strengths and can give you a positive reference. \*The names listed may not be related to you.

Please fill out the info below. We will reach out to these individuals in your behalf.

Name \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

How do you know this person? \_\_\_\_\_

**Darby's Dancers Buddies and their Parent/Guardian must initial the items below.**

**Darby's Dancers Buddy:**

I understand I am making a commitment to be a Darby's Dancers Buddy which will require me to attend dance class on Saturday afternoon from September - the second weekend in June. (Time TBA) I understand I will be required to perform in the Utah Dance Artists end of year, annual dance recital, held at Kingsbury Hall the second weekend of June 2019. I understand there will be a few activities outside of dance that I will be expected to attend in order to build and strengthen relationships within the program. I will be respectful to the staff, students and parents of Darby's Dancers. I agree to attend all buddy training and required meetings for my position. I agree to be committed, on time and dependable. If I cannot be in compliance with any of the detailed code of conduct above, I will communicate with the Darby's Dance Director, Ashlyn McBride, prior to any infraction. \_\_\_\_\_(please initial)

**Parent of Darby's Dancer Buddy:**

As a parent of a Darby's Dancers volunteer I agree to support my child's commitment to the program by encouraging him/her to meet the outlined criteria above. My child and I have discussed their responsibilities and commitment as a Darby's Dancer Buddy and I am confident they will contribute to this program with 100% dedication. \_\_\_\_\_(please initial)

**LEGAL WAIVER**

I hereby release Utah Dance Artists, Brooke Maxwell, Ashlyn McBride and UDA Staff and Faculty Members from any and all claims of damage or injury suffered by myself or my child who has chosen to volunteer as a Darby's Dancer Buddy. This includes my heirs who may not act in my behalf. As a volunteer, I certify that my child is in good physical condition and able to participate in the activities that will be scheduled. I understand and assume all risks involved in connection with volunteering at Utah Dance Artists including, but not limited to, risk of bodily injury occurring as a result of contact with other students, instructors, walls, equipment, floors, supplies and other objects on the premises of the Dance Studio. I understand that any injuries that may occur are the sole responsibility of me, the parent/legal guardian, of my child. I further understand that I, as the responsible party, must carry my own insurance and that dance classes are taken at my own risk and I accept this responsibility.

## MEDICAL RELEASE

I hereby give permission for any and all medical attention to be administered to my child(ren) in the event of an accident, injury, sickness, etc., under the direction of a physician or emergency personnel, and at the necessary emergency facility until I may be contacted. I also assume responsibility for the payment of any and all such treatment.

## MEDIA & TEXT RELEASE

1. I authorize UDA and/or Don Polo Photography to photograph/videotape my child volunteering for Darby's Dancers for promotional material.
2. I authorize UDA to use "Parent 1" cell phone number to text important studio information, such as class cancellations, schedule changes, etc. This will not be used for advertising or sales purposes.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please return the above application to:

Utah Dance Artists  
Att: Darby's Dancers Director, Ashlyn McBride  
11021 South Redwood Road Suite #200  
South Jordan, Utah 84065

