

**Magic Paintbrush Project
General Volunteer Application Form**

Participant Name :

Address:

COUNTY:

Contact Phone:

E-Mail:

Please indicate whether or not you prefer: (Check one)

Administrative

Gallery

or Special Event volunteering

Preferred day and time to volunteer:

What goals do you have for your experience?

Education:

Experience:

Please List Three References:

Reference Name :

Address:

COUNTY:

Contact Phone:

E-Mail:

Reference Name :

Address:

COUNTY:

Contact Phone:

E-Mail:

Reference Name :

Address:

COUNTY:

Contact Phone:

E-Mail:

Have you ever been charged with a felony?

Explain:

Special Concerns:

____ (Initial) I have read and understood the Release Form

____ (Initial) I have read and understood the Disclaimer

Signature:

Date:

Please print and mail to:
The Magic Paintbrush Project artWORKS!
The Magic Paintbrush Project Gallery & Workshop
Oakdale Mall, 601-635 Harry L. Drive Suite 16, Johnson City, NY 13790

Consent

For the opportunity to participate in a Magic Paintbrush Project workshop or any other event connected with the Magic Paintbrush Project and for other valuable consideration, I understand that by signing this release, I agree to hold harmless The Magic Paintbrush Project a program of Binghamton Imaginink, Inc, including all of its employees, managers, directors, volunteers and agents; all sponsoring organizations and any other parties connected with events and activities, singly or collectively, from any liability for any injury, harm, loss, inconvenience or damage suffered or sustained as a result of participation in one or more events or any activities associated therewith.

I understand that I will be working with volunteers from the community to create artwork which may be used to raise funds for The Magic Paintbrush Project/Binghamton ImaginInk, Inc. I understand that all artwork will become the property of the Magic Paintbrush Project. I waive all claims for any compensation from the sale of artwork.

I hereby give my permission to The Magic Paintbrush Project a program of Binghamton Imaginink, Inc, to use my photograph or portion thereof, whether still or moving, my voice, and my likeness for trade, for publicity or for any other lawful manner whatsoever, hereby waiving my right to review or approve such photograph, sound recording or likeness prior to its use.

Print:	Signature:
Date:	Signature of parent if under 18:

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Please consult your primary care physician or other medical specialist for specific advice about your medical condition. *Trademark and Copyright 2006*