



**Emergency Information & Release for Adult Volunteers (Age 18+)**

Name of Volunteer: \_\_\_\_\_ Nickname (if any): \_\_\_\_\_  
Preferred Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Program you are volunteering for: \_\_\_\_\_ Group Affiliation: \_\_\_\_\_

I release the MONTALVO ARTS CENTER and its respective officers, employees or volunteer workers from all claims for loss, injury, illness, or death occurring and/or related to participation. The arts center may use pictures, video or sound recording of me in its promotional material, educational or programming uses such as in arts center exhibits. I understand that the arts center does not provide Workers' Compensation Insurance and that in the event of injury or illness, I will look to my own insurance coverage.

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Preferred Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

I understand that the arts center cannot provide transportation to or from my volunteer location. I agree to volunteer outside of public arts center hours and in non-public portions of the arts center, including offices, studios, and other indoor and outdoor spaces, as well as off-site locations. If I have any special medical or other needs or cannot work in these conditions, I will discuss those with the arts center in advance and understand that the arts center cannot administer any medication and reserves the right to not assign a volunteer to an assignment that may not be appropriate due to the volunteer's special needs. I also understand that in the event I have any questions or concerns about my volunteer activity I may contact the following individuals at the arts center:

**Volunteer Resources Office: 408.961.5828 or [volunteer@montalvoarts.org](mailto:volunteer@montalvoarts.org)**

Do you have any special needs or require any special accommodation?

No  Yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Do you have a medical condition and/or allergy we should be aware of in case of injury?

No  Yes, please describe:

\_\_\_\_\_

I understand that my volunteer work will be supervised by arts center staff and/or volunteers and that I must follow all arts center policies and guidelines.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_