

Village Music & Arts Participant Information Sheet

PARTICIPANT INFORMATION

Date:

Participant Name _____	DOB _____	Phone _____
Address _____		E-mail _____
City/State/Zip _____		Alternate Phone _____

PARENT OR GUARDIAN INFORMATION

Parent or Guardian Name _____	Phone _____	
Address _____		E-mail _____
City/State/Zip _____		Alternate Phone _____
<input type="checkbox"/> Parent is the participant's guardian <input type="checkbox"/> The participant is his/her own guardian <input type="checkbox"/>		
Other _____		

CAREGIVER/RESIDENTIAL PROVIDER INFORMATION

Name _____	Phone _____	
Address _____		E-mail _____
City/State/Zip _____		Alternate Phone _____

EMERGENCY CONTACT _____

Phone _____

Need to know information (medical or behavioral alerts, allergies, diet restrictions, people barred from contact,

Chaperone required/Community protection status, etc.): _____

VOICES OF THE VILLAGE MEMBERSHIP (OPTIONAL)

Yes, I would like to join Voices of the Village performance ensemble. VOV practices weekly and performs 1-3 times per month. Membership fee is \$600 per year and includes participation in the weekly VOV gigs and practices, Friday Music, and monthly Evening with the Arts dances. (Monthly payments of \$50 accepted.) Participants are responsible for their own transportation.

- I would like to request a full scholarship. I would like to request a partial scholarship of \$_____ (Please complete "Scholarship or Parent Fund Grant application.)
- Enclosed is my annual membership fee payment of \$600.00
- Please send monthly VOV membership invoice to (include address and phone if not listed above):

Name	Phone
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Address

Participant Supervision : Village Community Services is not responsible for the supervision of Village Community Music & Arts (VM&A) participants. People who have not demonstrated that they are safe and independent at VM & A events may not attend without appropriate caregiver support. Friday Music is an all ages event. Children under the age 16 may attend with written guardian permission and adult supervision. Youth age 16 + may attend with written guardian permission. Evening with the Arts dances are restricted to age 18 and older.

Hold Harmless Agreement: The Participant and his or her Guardian voluntarily assume all risk incident to attending a Village Community Services activity, whether occurring before, during or after the activity. The Participant and his or her guardian agrees that Village Community Services and all individuals affiliated with such organization are not liable for injuries, expenses, claims or liabilities resulting from participation.

___I am the participant's guardian and agree to the supervision and hold harmless agreements as stated above.

_____ Date _____

Guardian Signature (Participant's signature if own guardian.)

___I am the participant's residential provider or primary caregiver and have read and understand the supervision terms and hold harmless agreement as stated above (guardian signature is required above).

_____ Date _____

Authorized Residential Provider/Caregiver

VILLAGE COMMUNITY SERVICES

Community Relations Release Form

Participant's Name: _____

Community Relations Release

I, _____, give my permission for _____ to
legal guardian participant's name
 participate in the following activities and for Village Community Services to utilize the information marked below for community relations and fundraising purposes.

- | | | | |
|--|------------------------------|----|--------------------------|
| Participant's Name | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| Photos/video/audio | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| Participant's art, poetry, prose | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| Description of interests, activities, achievements, etc. | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| Participant's success story | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| Quotes (verbatim or paraphrased) | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| May participate in interviews with media | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| May represent VCS at community relations activities/events | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| May announce/publish Birthday | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |

Birthday _____
Month Day

Comments _____

Participant Signature _____ Date _____

Guardian Signature _____ Date _____

Village Community Services
VOV Scholarship or Parent Fund Grant
Application

<i>For Office Use Only:</i> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials: _____ Date: _____ <input type="checkbox"/> Copy to Acctg Dept <input type="checkbox"/> Copy to Staff
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ELIGIBILITY:

- Based upon financial need
- Subject to availability of funds and VCS Parent Fund Administrator approval

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Are you a participant in a VCS program? Yes No

If yes, please check box: Residential Vocational Voices of the Village

WorkStrides Inclusive Entrepreneurs Other _____

Participant Need: _____

Date Needed: _____

Cost: _____

Amount of Scholarship or Grant Request: _____

Reason applying for scholarship or Parent Fund grant?

Village Community Services

VOICES OF THE VILLAGE MONTHLY STATEMENT PROCEDURE

1. Voices of the Village members will receive a monthly statement of their account. This statement will be mailed by the 10th of the month.
2. It may take up to 10 business days for payments to be posted to the customer account. If you would like to know if your payment has been received, please contact Jan Lang at 360-653-7752 ext. 16.
3. Statements serve as a reminder for members that have not paid their monthly membership payments in advance.
4. VCS Parent Fund scholarships are available for members that cannot afford to pay the full monthly membership dues. They may be requested through Vicki Adams. Scholarships are based on significant financial need, and the member is required to pay a portion of the monthly fee at a level they can afford.
5. To terminate your membership with Voices of the Village, please contact Michelle Dietz at 360-653-7752 ext. 14.

Thank you for your membership and participation in Voices of the Village!

Michelle Dietz
Village Music and Arts
Program Manager
360-653-7752 ext 14