

Village Music & Arts Participant Information Sheet

PARTICIPANT INFORMATION

Date: _____

Participant Name _____	Participant's Phone _____
Address where participant lives _____	
City/State/Zip _____	E-mail _____
Date of Birth / /	T-shirt Size _____

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	

CAREGIVER/RESIDENTIAL PROVIDER INFORMATION

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

EMERGENCY CONTACT _____

Phone _____

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 "Mary Jo Ager Memorial Scholarship" 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

Voices of the Village Schedule: Please check the VCS website regularly for information on Voices of the Village Gigs and holiday schedules. Friday Music is 1 to 3pm every Friday and Voices of the Village practice is every Friday 3:30 pm to 4:30 pm.) **You must be a Voices of the Village member to attend practice sessions.**

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 pertaining 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

Mary Jo Ager Memorial Scholarship Application

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

ELIGIBILITY:

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

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ E-mail _____

Are you a participant in a VCS program? Yes No

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

Village Experience Learning Center Other _____

Participant Need: _____

Date Needed: _____

Total Cost: _____ \$600 per year _____

Amount of Scholarship Request: _____ (Please pay a portion of fee if you can.)

Evidence that need a VOV scholarship:

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
Executive Director of Program & Development
360-653-7752 ext 14

Vicki Adams
Booking and Membership
425-330-0585

Village Community Services "Friends of VCS" Mailing List

Please add yourself and others close to your Village Music & Arts participant to receive VCS news and event mailings

Name: _____ Name: _____

Address: _____ Address: _____

Email: _____ Email: _____

Cell Phone: _____ Cell Phone: _____

Land Line: _____ Land Line: _____

Relationship to Participant: _____ Relationship to Participant: _____

Others you wish to send information about VCS:

Others you wish to send information about VCS:

Name: _____ Name: _____

Address: _____ Address: _____

Email: _____ Email: _____

Cell Phone: _____ Cell Phone: _____

Land Line: _____ Land Line: _____

Relationship to Participant: _____ Relationship to Participant: _____

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