



Young Adult Summer Volunteer Cohort Application

Today's Date: _____

Thank you for your interest in being part of the Young Adult Summer Volunteer Cohort with Artists Creating Together. Please complete the following form to be considered for the program. **Applications are due by March 31, 2026 at midnight.** You'll be notified of your application's status by no later than April 7, 2026.

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Please return this form to ACT via mail: 1140 Monroe Ave NW, Suite 4101; Grand Rapids, MI 49503

OR by emailing: coordinator@artistscreatingtogether.org

There is also an online version of this application at <https://www.artistscreatingtogether.org/>
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A. General Information

Legal Name:

Date of Birth:

Preferred name/Nickname:

Pronouns:

Email:

Phone Number:

Registered/Legal Address:

Current Address (if different from above):

School:

Grade/Major:

Expected Graduation Date:

B. Emergency Contacts

Please list 1-3 emergency contacts below.

Name:

Phone Number:

Relationship:

Name:

Phone Number:

Relationship:

Name:

Phone Number:

Relationship:

C. Experience

Please fill out your past employment, leadership, and volunteer experiences below. Though it is not required, please highlight any experience you have working with people with disabilities. You are welcome to attach a resume instead of completing the below Experience section (but please make sure to complete the rest of the application).

☐ Please see my attached resume (*skip to part D. 'Tell Us About Yourself' further down on the application*).

1. Employment:

Please list previous places of employment, with the most recent listed first.

Current <input type="checkbox"/>	Past <input type="checkbox"/>	Job Title:	Employer:
Current <input type="checkbox"/>	Past <input type="checkbox"/>	Job Title:	Employer:
Current <input type="checkbox"/>	Past <input type="checkbox"/>	Job Title:	Employer:
Current <input type="checkbox"/>	Past <input type="checkbox"/>	Job Title:	Employer:
Current <input type="checkbox"/>	Past <input type="checkbox"/>	Job Title:	Employer:
Current <input type="checkbox"/>	Past <input type="checkbox"/>	Job Title:	Employer:
Current <input type="checkbox"/>	Past <input type="checkbox"/>	Job Title:	Employer:

2. Do you have experience working with people with disabilities? ☐ Yes ☐ No

If yes, please describe:

3. Please list any past or current volunteer experience. You can also include leadership experience here:

D. Tell Us About Yourself

These short answer questions are included so we can start to get to know you and understand your interest in applying for the program. They are not intended to be essay questions but, at most, a paragraph in length.

1. Please list one goal you hope to accomplish or one skill you'd like to learn during your summer at ACT. These can be academic, creative, or professional/career goals or skills.

2. What is one way you engage with your creativity? This can be a class you're taking, a hobby, a blog or social account you curate – anything!

3. What is your favorite artform?

4. How many hours do you plan to volunteer this summer? Ten hours is the minimum but there will be opportunities to volunteer for more hours!

5. Would you rather...? *(This question will factor into a team exercise at the Orientation)*

- ☐ Be at a concert or performance
- ☐ Attend a gallery or exhibit opening

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E. Signatures and Background Information

1. Have you ever been convicted of a crime? Yes ☐ No ☐

If yes, please explain:

2. Have you ever been convicted of a crime involving children? Yes ☐ No ☐

If yes, please explain:

3. How did you learn about ACT?

- ☐ Family/Friend
- ☐ Social Media (Facebook, Twitter, Instagram)
- ☐ Media Story (TV, Newspaper, Radio)
- ☐ ACT Board Member
- ☐ ACT Staff Member
- ☐ ACT Volunteer
- ☐ ACT Artist/ Student
- ☐ ACT Community Event
- ☐ Another Organization
- ☐ Other:

4. Assumption of the Risk and Waiver of Liability* (required)

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury, including exposure and/or transmission of COVID-19, to my child (if a minor) or myself, of any kind, that I/my child may experience or incur in connection with my/my child's participation in ACT programming ("Claims"). On my behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless ACT, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of ACT, its employees, agents and representatives.

Signature:

Date:

Parent or Caregiver, if minor, signature:

Date:

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5. ACT Media Release (*optional: if you do not wish to be photographed, please do not sign the media release below and skip to #6*)

Artists Creating Together (ACT) has my permission to publish my or my child's likeness and/or artwork in any of their own print, video, internet publication or social media application. It may also be used in media from a partner or community collaborator that promotes the work of ACT, with ACT's permission. I understand that myself or my child may or may not be identified specifically by name. This authorization will remain in my/my child's file and will serve as ongoing authorization for the agency to obtain photos/videos at any time during my affiliation with ACT.

Signature:

Date:

Parent or Caregiver, if minor, signature:

Date:

6. If accepted into the Volunteer Summer Cohort, I promise to fulfill the following program requirements* (required):

☐ I can attend the mandatory Orientation on Saturday, April 18, 2026 (2-4pm).

☐ I commit to completing volunteer shifts for at least 4 events, to total a minimum of 10 hours, from the months of April-August 2026.

☐ I have read and commit to upholding the Volunteer Summer Cohort Code of Conduct.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. If accepted as a volunteer, I understand that ACT reserves the right to request a Criminal History Background check at any time for those over 18 years of age.

Signature:

Date: