



Teacher Information Form

Please mail completed form to: C.R.O.W. – PO Box 184, Florence, OR 97439

Name: _____ Date: _____

Phone: (____) _____ Email: _____

****Please note: Most communication from us will be sent by email, so please check it regularly!**

Mailing Address: _____

Special Skills/ Areas of Interest (How would you like to help us?) :

What is your schedule/ availability? : _____

Anything special we need to know about you : _____

Please Read And Sign Below:

1. C.R.O.W. is a 501(c)(3) non-profit organization that works with both children and adults. As a teacher or volunteer, you agree to conduct yourself in a professional manner at all times, and to alert a C.R.O.W. staff member should you see anything you deem inappropriate or dangerous.
2. Your signature below indicates that you do not have any past criminal record or activity that would prevent you from working with children or adults in our program. Please Note: C.R.O.W. reserves the right to request a formal background check on all volunteers, should the need arise. By signing below, you are confirming that you understand this policy, and would submit to a background check, should you be asked to do so.
3. Your signature below indicates that you have read the Youth Protection Policy and Behavior Code of Conduct found on C.R.O.W.'s website: <https://www.crowkids.com/rules-guidelines> and will do everything in your power to help keep C.R.O.W.'s cast members, staff, and volunteers safe at all times.
4. Your signature below indicates that you understand that teaching/ volunteering is at your own risk, and you will take all necessary safety precautions and abstain from any activity that may put your health/safety at risk. Your signature below indicates that you have read, understand and agree to C.R.O.W.'s Hold Harmless Agreement, which can be found here: <https://www.crowkids.com/rules-guidelines>
5. C.R.O.W. teachers are paid as "Independent Contractors" at the end of each session of dance classes. You agree to keep track of hours worked, and submit them to Melanie Heard, upon completion of your session.

Signature

Date

Printed Name

Social Security Number