

**Moving Miracles**  
**Dance & Adaptive Fitness**  
**Volunteer Declaration**

Attachment B

We at Moving Miracles/SASi offer vital programs to individuals with developmental disabilities and special needs to assist him or her to grow and develop to their highest personal potential. As a volunteer, you are part of our team and our commitment. **Please review and sign the following declaration for the current dance/fitness season.**

**Main Goal**

As a member of our volunteer staff your main goal is to support the *students mentally, physically, and emotionally*. Working as a team with the teachers, you should *always praise and be encouraging to the student(s)* you work with, as you facilitate them through the class agenda.

**Attendance**

Attendance is **MANDATORY** for the duration of the semester or the season, depending on what you have committed to. *The students depend on your attendance, so be prompt and reliable on the days you are scheduled.*

Please call the studio if you are unable to attend due to illness etc. (716)656-1321

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

School Affiliation: \_\_\_\_\_

**In the event of an emergency, please indicate below whom should be contacted:**

1.) Primary Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2.) Alternate Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*In the event emergency medical aid/treatment is required due to illness or injury while volunteering, or while being on the property of the agency, Moving Miracles/SASi will call 911.*

**I understand and agree to the terms of this volunteer declaration.**

Name of Volunteer: \_\_\_\_\_

Signature of volunteer or guardian/ parents if the volunteer is under the age of 18:

\_\_\_\_\_ Date: \_\_\_\_\_