



## 2016 Destiny Color Guard Volunteer Registration



### Volunteer Call Out Meeting November 9 at 6:30

FUSE is excited to be the new home for Destiny Color Guard! Destiny was founded eight years ago by Greenfield-Central High School graduate Jordyn Bever, and we are so happy to be able to continue the program this year for students with disabilities. We are looking for high school students who want to have a fun time helping students with disabilities learn a basic color guard show and perform in the community. Volunteers DO NOT need to have experience in high school guard. Our student director who has guard experience will teach the routine, and any interested student can learn how to be a volunteer buddy. Practices will be held on Wednesdays at Greenfield Intermediate School from November through early March.

#### Volunteer

**Call Out:** November 9, 6:30 pm, Greenfield Intermediate School, 204 W Park St, Greenfield  
**Practice:** Wednesdays 6:30 – 8:15 pm, from November 16 - March 1 (NO PRACTICE 11/23, 12/21 or 12/28)  
This time includes set up and clean up, expected from all volunteers  
**Location:** Greenfield Intermediate School, 204 W Park St, Greenfield  
**Performances:** To be scheduled in January/February  
**Eligibility:** High school students with an interest in volunteering, who have excellent attendance at after school events and a willingness to learn how to assist students with disabilities, residing in Hancock or surrounding counties  
**Program Staff:** Program Coordinator, Teresa Bever  
Student Director, Julia Black

For questions, call Denise Arland, Executive Director, at 317-462-9064 or email [darland@fuseinc.org](mailto:darland@fuseinc.org).



#### Clip and Return to:

FUSE, Inc., 1133 W Main St. Ste. E, Greenfield, IN 46140. You may email it to [darland@fuseinc.org](mailto:darland@fuseinc.org) or bring to call out meeting.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Can we text you weekly reminders? Yes \_\_\_ No \_\_\_

Email: \_\_\_\_\_ Parent's Names \_\_\_\_\_

Describe any experience you have working with children with disabilities (experience not required, just for our information)

\_\_\_\_\_  
\_\_\_\_\_

I hereby grant permission for my son/daughter to participate in the activities of the FUSE. Further, I agree to hold harmless and release FUSE, Inc. and its employees, officers, directors or agents, from any and all liability, claims, and actions arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant. I also hereby grant permission for FUSE to use program photos of my child for promotional purposes in written publications or electronic media.

\_\_\_\_\_  
Signature of parent/guardian (if volunteer is under 18)

\_\_\_\_\_  
Date