

TOBY THE CLOWN FOUNDATION  
CLOWN SCHOOL APPLICATION  
109 West Interlake Boulevard  
Lake Placid, Florida 44852

Mailing Address  
P.O. Box 2417  
Lake Placid, Florida 33862  
Phone: 863-465-2920

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

Home Address: \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_  
(Street/P.O. Box)

Local  
or Winter Address: \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_  
(Street/P.O.Box)

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

E-Mail: \_\_\_\_\_

Have you had any previous clown schooling? \_\_\_\_\_

If so, where? \_\_\_\_\_

Have you had any previous acting or drama experience? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies \_\_\_\_\_  
\_\_\_\_\_

What is your profession: \_\_\_\_\_

Briefly explain why you wish to become a performing clown: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you understand that you must agree to a Florida Department of Law Enforcement Volunteer & Employee Criminal History System (VECHS) for criminal history record checks under the National Child Protection Act of 1993, as amended and Section 943.0542, Florida Statutes, which includes FINGER PRINTING at the Highlands County Sheriff's Office:**

\_\_\_\_\_ Yes \_\_\_\_\_ No

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_, 20 \_\_\_\_\_

TOBY THE CLOWN FOUNDATION APPLICATION  
CONTINUED

The Clown School will provide all students with:

- A. Professional clown make-up; initial start up kit.
- B. One (1) year PAID membership to The Toby The Clown Foundation w/membership ID card
- C. One (1) year PAID membership in Toby's Clown Alley w/membership ID card
- E. Graduation Certificate after completion of school; participation in the Student Clown Show and receipt of the monthly Toby Times..

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School Tuition is **\$235.00**

To enroll:

**1. Complete the PAGE ONE of the Application Form and mail or hand deliver to Toby The Clown Foundation, Inc., along with you initial deposit of \$100.00.**

**2. Fill out the FDLE form and take to the Highlands County Sheriff's Office in SEBRING at 434 Fernleaf Ave., Sebring, FL. to be fingerprinted PRIOR the start of clown school. You may present the completed form at the registration desk at the first class. You will pay \$5.00 CASH to the Sheriff's office at the time of fingerprinting.**

The balance of \$33.25 for fingerprinting and background check will be invoiced to the Foundation and paid by the Foundation.

The tuition balance of \$135.00 is to be paid by cash, check or credit card at the first clown school class registration desk.

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**Areas of "CLOWNING" to be taught & covered in class**

- 1. **History of Clowning; Foundation History and Alley History**
- 2. **The different "Types of Clowns"**
- 3. **Selecting and developing your own TYPE of Clown; your own CHARACTER and PERSONALITY, including costumes, wigs, hats, shoes, etc.**
- 4. **Make-up application basics**
- 5. **Finding your own "Clown Face" design and putting it with your Clown Type, Character and Personality**
- 6. **Expressions and movements of clowning**
- 7. **What Clowns Do to Entertain:**
  - Puppets & Storytelling**
  - Face Painting**
  - Skits & One-Liners**
  - Simple Clown Magic**
  - Balloon Art**
  - Meet and Greet**
  - Hospital, Nursing Home and Hospice Clowning**
  - Parades, festivals and walk-a-rounds**
- 9. **Show production basics**
- 10. **Clown safety, do's and don'ts**
- 11. **The importance of a mentor or clown buddy**

## **SUPPLIES TO BRING TO FIRST CLASS**

**(These supplies are in addition to the Make-Up Kit to be provided by Toby The Clown Foundation)**

1. Q-Tips
2. Large make-up powder brush
3. Standard size portable pencil sharpener
4. Stand alone small/medium size mirror WITH magnification
5. Small spray bottle for water
6. Large powder puff (available at clown store)
7. Small bottle of baby powder, TALC only, ***NO corn starch.***
8. Small bottle of baby oil; mineral oil or cold cream (used to remove professional make-up)
9. Box of tissue for removal of professional make-up
10. Medium/small towel for clean up and removal of professional make-up; this will get stained
11. Very small artist brush for make-up application
12. Hair clips to hold hair off your face during make up application
13. Breath Mints
14. Medium sized tackle box or other hand held container suitable to hold all of the above items, to be brought to your classes and for future use as your "Clown Make-Up Kit"



Florida Department of Law Enforcement  
Criminal Justice Information Services Division/User Services Bureau

**VECHS WAIVER AGREEMENT AND STATEMENT**  
**Volunteer & Employee Criminal History System (VECHS)**  
for Criminal History Record Checks  
under the National Child Protection Act of 1993, as amended,  
and Section 943.0542, Florida Statutes

**\*\*\*\*INSTRUCTIONS\*\*\*\***  
Fingerprinting  
MON-FRI. 8 AM - 5 PM  
Highlands County Sheriff  
434 Fernleaf Avenue Sebring, Fl.  
PH: 863-402-7355  
Your Cost: \$5.00 CASH to Sheriff  
Take this FORM with you to Sheriff  
& Return completed form to Toby's at  
time of first class - registration desk.  
The remaining cost of \$33.25 will be  
paid by Toby The Clown Foundation

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter Name of Qualified Entity*) Toby the Clown Foundation to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

\_\_\_\_\_  
(Name and Address of Previous Qualified Entity) (Year of Request)

I    have OR    have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

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

I    do OR    do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee  Volunteer  Contractor/Vendor

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

Printed Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

**TO BE COMPLETED BY QUALIFIED ENTITY:**

Entity Name: Toby the Clown Foundation  
Address: LIASION: Chief Phil Williams, 8 North Oak Avenue, Lake Placid, Fl. 33852  
Telephone: 863-699-3757 Fax: 863-699-3760  
FDLE Assigned Qualified Entity Number: V28040004

**ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY**  
**COPY - SEND TO FDLE WITH FINGERPRINT CARD**