

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

# TOBY CLOWN SCHOOL APPLICATION



Home Address: \_\_\_\_\_  
Address, City, State, Zip

and/or  
Winter Address: \_\_\_\_\_  
Address, City, State, Zip

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I understand that I 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 Lake Placid Police Department, 8 N. Oak Avenue, Lake Placid, Fl. 33852 (Phone 863-699-3757)**

**Signature:** \_\_\_\_\_

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

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

## **TOBY THE CLOWN FOUNDATION APPLICATION INFORMATION**

School Tuition is **\$212.00**

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 & Toby's Clown Alley # 296, w/ID card
- C. One (1) year subscription to The Toby Times Newsletter
- D. Graduation Certificate after completion of 24 hours of class time and participation in the Student Clown show

**To enroll:**

1. **Complete the Application Form and mail or hand deliver to Toby The Clown Foundation, Inc., along with your payment of \$212.00**
2. **Fill out the FDLE form and take to the Lake Placid Police Department, along with a photo ID, between 8:30 – 10:30 AM or 1:30 to 4:00 PM - Monday through Friday, at 8 North Oak Avenue, Lake Placid, FL. (PH: 863-699-3757) to be fingerprinted PRIOR to the start of clown school. Be aware it takes time for the fingerprinting and you may need to wait. Please do not arrive at the Police Station at 10:30 AM or 4:30 PM and expect to be printed. You will pay \$36.50 CASH to the Lake Placid Police Department at the time of fingerprinting. You will be required to present the completed form at the registration desk at the first class.**

**Areas of CLOWNING 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**
8. **Show production basics**

9. Clown safety, do's and don'ts

10. The importance of a mentor or clown buddy



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

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, LAKE PLACID POLICE DEPT., 8 N. OAK AVE., LAKE PLACID, FL 33852**

**Telephone: 863-669-3757 Fax: 863-699-3760**

**FDLE Assigned Qualified Entity Number: V28040004**

**ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY**

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

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. Johnson & Johnson Baby Power (No Talc or corn starch) 8. Baby oil; mineral oil or cold cream  
(used to remove face paint)
9. Tissues for removal of clown make up.
10. Medium/Small towel (used for make up and will get stained)
11. Very small artist brush for make-up application
12. Hair clips to hold hair off face for make-up application
16. Medium tackle box or other medium handled container to store all of the above and bring to class and activities as your clown make-up kit.