



Volunteer Application

Please Type or Print

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Age _____ Birthdate (Month/Day/Year) _____

Person to Contact in Case of Emergency

Name _____ Relationship _____

Phone _____ Cell Phone _____

Student/Employment Status

Are you currently a student? Yes _____ No _____

If yes, where? _____

Will you be receiving academic credit for your volunteer work? Yes _____ No _____

Name of Current Employer/Most Recent Past Employer _____

Position Held _____ Company Address _____

Check if: Self Employed _____ Retired _____

May we contact your current or recent employer for a reference? Yes _____ No _____

Skills/Areas of Service

Please check areas that apply to you in Visual Arts, Dance, Music or Performing Arts

I am a practicing artist in Visual Arts___ Dance___ Music___ Performing Arts___

I have been trained in Visual Arts___ Dance___ Music___ Performing Arts___

I have experience teaching Visual Arts___ Dance___ Music___ Performing Arts___

I have other related experience in Visual Arts___ Dance___ Music___ Performing Arts___

Office Services

General Clerical___

Phone Calling___

Data Entry___

Additional Skills

Fluency in a 2nd Language___ The 2nd Language is _____

Driving___

Other___

Please attach any additional information you would like to provide on a separate sheet.