



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.

Volunteer Information

Are you able to make a regular commitment to volunteer for a minimum of 6 months? Yes___No___

Will you be available to volunteer on a weekly basis Yes___No___ or alternate weeks Yes___No___

List the days and times you are available to volunteer. (Example: Mondays 10-1 or Mondays 8-5)

Describe any previous volunteer experience, where and when you were a volunteer:

Volunteer Supervisor_____Phone_____

May we contact your volunteer supervisor for a reference? Yes___No___

Additional Information

Why are you interested in volunteer work for Breanna’s Gift?

How did you learn about Breanna’s Gift?

Are there any factors that would prevent you from performing certain types of work? Yes___No___

If yes, please explain:

Personal or Professional References

Please print complete names and addresses for your references so they are easily legible. References should be people who are not related to you and who know your suitability for the position for which you are applying, such as co-workers, neighbors, friends, etc.

1.Name_____Relationship_____Phone_____

Address_____City_____State_____Zip_____

2.Name_____Relationship_____Phone_____

Address_____City_____State_____Zip_____

I understand the importance of this volunteer commitment and have answered the application questions honestly and to the best of my knowledge. I give Breanna’s Gift permission to check the references I have listed. I intend to volunteer for a minimum of 6 months.

Signature_____Date_____