



## 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.***

# Breanna's Gift



AN ARTS PROGRAM FOR CHILDREN WITH  
CANCER & OTHER SERIOUS ILLNESSES

## 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*)

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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*

Breanna's Gift  
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612-730-6560

[BreannasGift.org](http://BreannasGift.org)