Volunteer Application

Name _____ Phone _____

Occupation _____ Cell Phone _____

Mailing Address _____

City: _____ State _____ Zip _____

Email _____

Age _____ Parent/Guardian Name (if under 17)_____

Have you volunteered with us before? _____

Previous volunteer experience?_____

Are you a student volunteering with us for required volunteer hours? Yes_____ No_____

If yes, how many hours do you need to fulfill the requirement? _____

Name of School_____ Grade _____ Graduated/Year_____

References

Please list one professional reference (employer, teacher etc.) and one personal reference (not a family member).

Name_____ Phone number _____

Occupation_____Relationship_____

Please list any areas of interest or specific events that you would like to help us with:

_____ Art Openings /Exhibits	_____ Dinner Concerts
_____Office	_____Halloween House
_____ Gardening	_____Holiday House
_____Special Events	_____Jam Sessions/Concerts
_____Sip into Spring	_____Dance Nights

As part of the Child Protection program a conviction of a misdemeanor may bar and a conviction of a felony will bar volunteering with children.

Background checks are required for all volunteers with regular service and/or repetitive access to children. Any conviction, guilty plea or no contest plea for crime against a minor or minors automatically disqualifies a person from participation in volunteering.

Other crimes that do not involve children will not restrict a person from volunteering, but it is in the best interest of the RACC to recognize and understand the charges against an individual when considering their application and position. The Board has final approval on all volunteers and appointments.

By signing this application, I agree to serve as a volunteer and commit to the following:

* To perform my duties to the best of my ability.

* To adhere to the Art Center's rules and procedures, including record keeping requirements and confidentiality of organization information.

* To meet time commitment and to provide adequate notice so that alternate arrangements may be made.

Applicant's Signature: _____ Date_____

(If under 18) Parent/Guardian's Signature:_____ Date_____