

Volunteer Application

Name	Phone _		
Occupation	Cell Phone		
Mailing Address			
City	State	Zip	
Email			
Age (if under 17) Parent/0	Guardian Name (if under 17)		
Have you volunteered with us befo	re?		
Previous volunteer experience?			
Are you a student volunteering wit	h us for required volunteer hours? Yes N	lo	
If yes, how r	many hours do you need to fulfill the require	ment?	
Name of School	Grade Grad	uated/Year	
References			
Please list one professional referen	ce (employer, teacher etc.) and one persona	I reference (not a family member).	
Name	Phone number		
Occupation	Relationship		
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	
Emergency Contact		
Name	Phone number	
Relationship		
bar volunteering with children. Background checks are required for all volunteers wit	of a misdemeanor may bar and a conviction of a felony will the regular service and/or repetitive access to children. Any	
conviction, guilty plea or no contest plea for crime ag from participation in volunteering.	ainst a minor or minors automatically disqualifies a person	
	trict a person from volunteering, but it is in the best interest s against an individual when considering their application and ers and appointments.	
By signing this application, I agree to serve as a volun	teer 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, organization information.	including record keeping requirements and confidentiality of	
* To meet time commitment and to provide adequat	e notice so that alternate arrangements may be made.	
Applicant's Signature:	Date	
(If under 18) Parent/Guardian's Signature:	Date	