



Volunteer Application

Contact Information

Name _____

Cell _____

Street Address _____

City/State/Zip Code _____

Email Address _____

Emergency Contact Person

Name _____ Phone _____

Relationship _____

Availability

_____ All Year

_____ Fall Semester

_____ Spring Semester

_____ Mornings (times) _____

Afternoons _____

_____ Weekdays (which) _____

Weekends _____

Position of Interest

_____ Summer Camps, July-August 2016: working with children ages 7-13

_____ Special Events: dates, times, and tasks to be determined

_____ Face Painting: must have some artistic ability or learn quickly

_____ Gift Shop Clerk: phone skills, money handling, set hours, welcoming demeanor

_____ Decorating: moving exhibits, redoing windows

Past Work or Volunteer Experience

Please email resume, if available, to artworkseducation@gmail.com

References (no relatives, please)

Name _____

Address _____

Occupation _____

Phone _____ How long known _____

Name _____

Address _____

Occupation _____

Phone _____ How long known _____

Agreement and Signature: By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me could result in my immediate dismissal.

Name _____ Date _____

Signature _____

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.