



Volunteer Application

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Personal Email: _____ Occupation: _____

Employer: _____ Supervisor: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Business Email: _____

May ARTS contact you at work regarding volunteer service matters? Yes _____ No _____

Birth Date: _____ Age: _____ Driver's License #: _____

Driver's License Issuing State: _____

Have you ever been arrested? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

EDUCATION

Highest Level of Education Completed: _____ Major/Degree: _____

Are you a student now? Yes No

Are you multilingual? Yes No Languages: _____

ADDITIONAL

Do you have any physical limitations or disabilities? Yes No

If yes, please explain: _____

How do you describe your ethnicity?

African American Asian Caucasian Hispanic/Latino Native American

Other (please specify): _____

ARTS does not discriminate on the basis of race, ethnicity, religious affiliation, age, sex, disabilities, or sexual orientation.

INTEREST/AVAILABILITY

What times are you available to volunteer? Weekday Mornings Weekday Afternoons

Weekday Evenings Weekend Days Weekend Evenings Other (please explain): _____

In what area will you be interested in volunteering? (Check All that Apply)

Level 1

- Music
- Dance
- Graphic Design
- Photography
- Theatre
- Ceramics
- Visual Arts

Level 2

- Music
- Dance
- Graphic Design
- Photography
- Theatre
- Ceramics
- Visual Arts

Level 3

- Music
- Dance
- Graphic Design
- Photography
- Theatre
- Ceramics
- Visual Arts

Other

- Administrative Support Community Art Projects
- Fundraising Outreach
- Planning & Development
- Marketing/Communications

Why do you want to volunteer with *ARTS*? _____

What do you hope to gain from your involvement with *ARTS*? _____

How did you hear about *ARTS*? _____

EXPERIENCE

Please share your current and previous experience with youth: _____

What age group do you feel most comfortable working with? _____

What special interests/talents would you like to share with youth? _____

Are there any skills or special contributions that you would like to offer *ARTS*? _____

Please provide a copy of your resume.

REFERENCES

We require three personal and professional references. All references should be unrelated persons who have known you well for at least one year. Students: We recommend that at least **two** of your references be teachers, employers, or any other adults who know you well.

Name

Address/Zip

Phone Number

1. Personal / Professional:

2. Personal / Professional:

3. Personal / Professional:

I, _____ agree to allow the ARTS staff to contact my references and former employers about my employment and qualifications as well as perform a background check. I understand that I may be asked to provide my fingerprints to a Live Scan system that is subcontracted with ARTS. I further understand that any information supplied through a background check and Live Scan will remain confidential.

I certify by my signature below that all of the information given above is true and accurate to the best of my knowledge, and I further authorize ARTS to use proper channels to verify the same.

Signature

Date