

# VOLUNTEER APPLICATION



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Date of Birth	
City	State	Zip	
Phone	E-mail Address		
Date Available			
Volunteer Position Applied for			
How did you learn about volunteer opportunities with City Arts Center?			
Have you ever volunteered for CAC before? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Are you volunteering because of Court Mandated Community Service? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a City Arts Center member? YES <input type="checkbox"/> NO <input type="checkbox"/>			
City Arts Center may contact me regarding membership, special events, or giving programs to support the Center. YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION		
High School	Date of Graduation	
Undergraduate School	Degree	Major
Graduate School	Degree	Major
Post Graduate School	Degree	Major
If you are currently in elementary, middle or high school level:		
School Name	Grade	

EMPLOYMENT INFORMATION (IF RETIRED OR NOT EMPLOYED, PLEASE LIST YOUR LAST PLACE OF EMPLOYMENT)				
<input type="checkbox"/> Student	<input type="checkbox"/> Employed	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Not Employed at this time	<input type="checkbox"/> Retired
Employer				
Department			Title	
Address		State	Zip	
Phone	E-mail Address			
My employer offers a donor matching program: YES <input type="checkbox"/> NO <input type="checkbox"/>				

VOLUNTEER INTERESTS		
Please check all area(s) of the center that interest you.		
<input type="checkbox"/> Adult Classes	<input type="checkbox"/> Art Classes (General)	<input type="checkbox"/> Gallery Attendant
<input type="checkbox"/> Clerical (daytime)	<input type="checkbox"/> Art Demonstrations	<input type="checkbox"/> Community Outreach
<input type="checkbox"/> Special Events	<input type="checkbox"/> Children's Class Aide	<input type="checkbox"/> Visitor Services

AVAILABILITY TO VOLUNTEER					
<i>Please check all that apply.</i>					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings

VOLUNTEER HISTORY	
<i>Please list organizations, which you have, or are currently a volunteer.</i>	
Organization Name	Phone Number
Organization Name	Phone Number
Organization Name	Phone Number

VOLUNTEER EMERGENCY INFORMATION	
In case of emergency please contact:	
1st Contact Name	Relationship
Phone Number	Cell Phone Number
2nd Contact Name	Relationship
Phone Number	Cell Phone Number
Other information:	I am allergic to:
Doctor's Name & Number	
Hospital Preference	Ambulance Preference

**IMAGE AND INTERVIEW RELEASE (PLEASE CHOOSE ONE)**

- I hereby grant to the City Arts Center the rights to use my image or interview for City Arts Center exhibit displays, associated educational programs, and/or public relations. The above mentioned items will not be used for retail sale or retail products.
- I do not grant to the City Arts Center the rights to use my image or interview for City Arts Center exhibit displays, associated educational programs, and/or public relations.

**AUTHORIZATION FOR BACKGROUND CHECK  
(TO BE COMPLETED BY APPLICANTS OVER 18 WHO WILL BE WORKING WITH CHILDREN)**

As an applicant for a volunteer position with the City Arts Center, I realize that a thorough background investigation is conducted to qualify me for a volunteer position which involves working with children.

I understand that City Arts Center must verify my date of birth and social security number.

I hereby authorize the release of any information relating to my criminal history, driving record, and any additional specific information relating to the position that I am applying for, unless restricted by law. This authorization is made voluntarily, for the purposes of volunteering only, and information should be given only in response to an authorized request from the City Arts Center.

Full name (First, Middle, Last)

Male     Female

Date of Birth:

Social Security No.:

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this information form as may be necessary in arriving at a volunteer placement decision. I understand that the above information may be used for City Arts Center purposes only and that as a volunteer I will not be paid for my services. I further understand that completion of the Volunteer Application form is not a guarantee of placement.

I hereby understand and acknowledge that volunteers who do not adhere to the rules and procedures of the center or who fail to satisfactorily perform their volunteer assignment are subject to dismissal.

Signature

Date