

VOLUNTEER APPLICATION

Name		
(Last) Address	(First)	(Middle)
		eZip
Primary Phone #	ary Phone # Alternate Phone #	
Email		
Best method & times to contact you		
How did you hear about ArtReach?		
Your Interests Please indicate you	r area(s) of interest in volunteering at A	rtReach.
Type of Work	Age Group (to work with)	<u>Art Forms</u>
☐ Assisting with Classes	□ Preschool	□ Drawing
Leading/Teaching Classes	☐ K-2 grade	□ Painting
☐ Clerical/Data Entry	☐ 3-5 grade	☐ Mixed Media
Lesson Plans	☐ Middle School	☐ Sculpture
☐ Community Tent Events	☐ High School	☐ Fabric Arts
Mentoring Students	☐ Adults	□ Crafts
☐ Fundraising	□ Seniors	☐ Photography
☐ Marketing		☐ Writing
□ Other:		□ Theatre
		☐ Dance/Movement
		Other:
Other information about your preferre	ed involvement	
Days/times you are available		

Education Please include name and	location of school, # of years attended, and year of graduation.
High School	
College/Trade/Business School	
Graduate School	
Additional Courses/Seminars/Training	
Name	al references (to whom you are not related) and their contact information. Phone/Email Relationship to You
3	
Most Recent Employer Please in	clude information for your current/most recent employer.
. ,	
	Phone
	Title
May we contact your employer and/or	·
Reason for leaving	
nationality, political or union affiliation ArtReach does not, however, allow incorprospective volunteers and employees of a violent, abusive, or criminal sexua agree to undergo this check and will penot agree to this procedure, please conthis and any other information will be the safety of those we serve.	oyer. ArtReach does not discriminate on the basis of race, creed, age, sex, marital status, sexual orientation, disability or receipt of public assistance. ividuals with certain backgrounds to participate in a leadership capacity. All undergo a criminal background check. If you have been convicted of any crimes nature you will not be permitted to work or volunteer with ArtReach. If you ermit us to contact your references please sign and date this application. If you do stact the ArtReach Program Director or Board President to discuss your concerns. kept completely confidential and is only collected to enable us to better ensure
	is application are true and complete to the best of my knowledge and I statements on this application shall be grounds for dismissal. I agree to a e my references contacted."
Signature	Date