

ARTSPLACE VOLUNTEER APPLICATION

Date _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

E-mail: _____

Previous Volunteer Experience: _____

Occupation (Past occupation if retired): _____

Other information that will help us make a good match (such as education, general interests/hobbies):

Is this for Community Service Hours? (circle) Yes No

Do You Have Any Physical Condition that May Limit Your Activities? (circle) Yes No

If Yes, Please Describe: _____

Have You Ever Been Convicted for Violation of Any Laws, Traffic or Otherwise? (circle) Yes No

If Yes, Please Explain: _____

Emergency Contact: _____ Phone: _____

Please list two people we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer or relationship other than personal friend.

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Comments: I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check: (signature) _____