



Volunteer Application

(Please Print. Use the back for additional information.)

Full Name: _____
(First) (Middle) (Last)

Local Address: _____
(Street)

(City) (State) (Zip)

Contact Info: _____
(Email) (Phone) (Cell Phone)

Do you have a website? Yes: No: If Yes, URL: _____

Full Time Resident: Yes: No: If No, Months Available: _____

Emergency Contact: _____
(Name) (Phone)

I Education, Skills & Interests

Education: Highest year attained: _____ Degree: _____

Current Occupation: _____

Describe your skills, hobbies and interests:
(You may use the reverse or additional pages for supplemental information) _____

Have you ever been a volunteer Board member? No: Yes: If yes, please complete next 2 lines
 Organization: _____ Dates: _____
 Was it a 501(c)(3)? Yes: No: Your duties: _____

II Preferences:

Is there a particular type of volunteer work in which you are interested or have experience?
(Please check all that apply.)

Administration <input type="checkbox"/>	Adult art education / teaching <input type="checkbox"/>	Performing <input type="checkbox"/>
Financial / accounting <input type="checkbox"/>	School art education / teaching <input type="checkbox"/>	Volunteer management <input type="checkbox"/>
Fund raising <input type="checkbox"/>	Outreach / Advocacy <input type="checkbox"/>	Legal <input type="checkbox"/>
Grant writing <input type="checkbox"/>	Tourism & development <input type="checkbox"/>	No preference <input type="checkbox"/>
Marketing <input type="checkbox"/>	Programming <input type="checkbox"/>	Other (Please specify below) <input type="checkbox"/>
Publicity <input type="checkbox"/>	Event planning <input type="checkbox"/>	_____

Is there a group with whom you are particularly interested in working? (Please check all that apply)
 Children Teens Adults Seniors No preference

Is there a group with whom you would not feel comfortable working?
 No: Yes: If yes, please explain: _____

III Availability

At what time are you available to volunteer on behalf of the Council? (Please check all that apply)

No preference Morning Afternoon Evening
Mon Tue Wed Thurs Fri Sat Sun

Do you have a geographic preference as to where you work (for example, at home)?

No preference Yes: If yes, please explain: _____

Do you have transportation, a current driver's license and required insurance?

Yes: No:

IV References

Please list two non-family references whom we might contact:

Reference 1	Reference 2
Name: _____	_____
Telephone: _____	_____
How do you know them: _____	_____

(Boss, co-worker, neighbor, friend, pastor, etc.)

V How did you hear about us?

Newspaper ad Volunteer Center Website
Local radio City/county agency/school
Referred by a friend Other (please explain) _____

VI Agreement and Signature

BY SIGNING BELOW I CONFIRM THAT I HAVE ANSWERED THE QUESTIONS ON THIS QUESTIONNAIRE TRUTHFULLY AND TO THE BEST OF MY ABILITY.

FURTHERMORE, WHEN WORKING WITH CHILDREN OR YOUNG ADULTS THE COUNCIL MAY BE OBLIGATED TO CONDUCT A BACKGROUND CHECK. BY SIGNING BELOW I ALSO HEREBY GRANT PERMISSION TO THE SAN PEDRO RIVER ARTS COUNCIL TO CONDUCT, IF REQUIRED, A BACKGROUND CHECK.

Signature: _____ Date: _____

VII Please use this space for additional comments or details on your application
