



Volunteer Application

Contact Information

Name	
Street Address	
City, STATE, ZIP Code	
Home Phone	
Cell Phone (optional)	
E-Mail Address	

Availability

During which hours are you available to volunteer? Please indicate the times you are available on each day. If you are not available that day please leave it blank.

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Saturday _____

Sunday _____

Interests

Check all of the areas you are interested in volunteering:

- Classes
- Events
- Gallery Work
- Fundraising
- Newsletter production
- Volunteer coordination
- Studio Maintenance
- Grounds Keeping



Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience(s).

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	



Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. To ensure the protection of our students a background check will be run on all volunteers.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with the C. Barton McCann School of Art.