



ARTS 4 HEALING

Volunteer Application

Contact Information

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

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

MARKETING/ORGANIZATION SUPPORT

- Clerical
- Website Development

- Public Relations
- Flyer design
- Data collection
- Fundraising Efforts

EVENT SUPPORT

- Event host/hostess
- Event DJ/ Music Band/ Musician
- Photography/Video Production
- Exhibition/Hanging Artworks
- Meal Prep/Serving
- Sales/ Cashier
- Set-up/Clean Up

RAISING AWARENESS

- Healthcare Advocate
- Social Services Advocate
- Teaching Workshop

- Art support group Facilitation

ARTS/ CULTURE

- Visual Artist
- Crafts

LEGAL SERVICES

- Pro Bono Legal Aid

Education/ Employment

Highest Level of Education _____

Employment

Current Employer, if applicable

Position/Title _____

Dates of Employment (starting, ending) _____

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.

Person to Notify in Case of Emergency

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

Background

Have you ever been charged with or convicted of the following: (please circle yes or no)

a) Felony? Yes No

b) Any crime involving a sex offense, an assault or the use of a weapon? Yes No

c) Any crime involving the use, possession or the furnishing of drugs or hypodermic syringes? Yes No

d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger? Yes No

If you answered yes, please explain. _____

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.

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 us.

Please e-mail the completed form to Arts4healing@a-4-h.org