



**VOLUNTEER APPLICATION
FORM**

TODAY'S DATE _____

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL _____ EMERGENCY CONTACT _____

DAYS AND TIMES AVAILABLE _____ MALE ___ FEMALE _____

HOW DID YOU HEAR ABOUT THIS VOLUNTEER OPPORTUNITY?

Friend ___ Volunteer Web Site ___ Reach Website ___ Teacher or Social Worker ___ Other (please name) _____

ARE YOU VOLUNTEERING TO FULFILL A REQUIREMENT?: ___ SCHOOL ___ WORK ___ COMMUNITY SERVICE
If Yes, by when do you need to fulfill them? _____

WHAT DO YOU HOPE TO GAIN FROM YOUR VOLUNTEER EXPERIENCE? _____

PLEASE LIST SKILLS AND STRENGTHS YOU HAVE THAT YOU MIGHT BE ABLE TO USE IN YOUR VOLUNTEER POSITION: _____

PLEASE LIST EXPERIENCE YOU HAVE HAD WORKING WITH CHILDREN: _____

PLEASE PROVIDE A BRIEF BIOGRAPHY WHICH MAY BE USED ON OUR WEBSITE SHOULD YOU BE ASSIGNED A VOLUNTEER PLACEMENT: _____

PLEASE INDICATE PROGRAMS AND VOLUNTEER OPPORTUNITIES YOU MIGHT BE INTERESTED IN (SEE POSITION SUMMARY):

- | | |
|--|--|
| _____ CREATIVE CONNECTIONS | _____ SERVING AS A MENTOR FOR A SPECIFIC YOUTH |
| _____ BEHIND THE SCENES WORK (SEE NEXT PAGE) | (SOME ADDITIONAL TRAINING NECESSARY) |
| _____ TEEN OPEN STUDIO | _____ PROVIDING A SNACK |
| _____ SUMMER DAY CAMP | _____ PROMOTING REACH AND ITS PROGRAMS |
| _____ ARTIST AND/OR VOLUNTEER RECRUITMENT | _____ STUDENT RECRUITMENT |
| _____ HELP AT SPECIAL EVENTS | _____ TEACHING AN ART LESSON OR WORKSHOP |

OTHER (EXPLAIN HERE) _____ CONTINUED....

I PREFER:

<p>_____ WORKING DIRECTLY WITH YOUTH</p> <p>_____ 1 TO 5 YR OLDS</p> <p>_____ 6 TO 12 YR OLDS</p> <p>_____ 13 TO 18 YR OLDS</p> <p>_____ Please contact me about making a 1 year (school year) commitment to be matched with 1 – 4 specific youth as an Art Youth Mentor).</p>	<p>_____ DOING "BEHIND SCENES" WORK</p> <p>_____ OFFICE TYPE HELP*</p> <p>_____ DATA ENTRY*</p> <p>_____ WRITING NEWSLETTER</p> <p>_____ CLEANING AND MAINTENANCE</p> <p>_____ WHEREVER NEEDED</p> <p>*PLEASE INDICATE WHICH SOFTWARE PROGRAMS YOU ARE ABLE TO USE:</p>
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WHAT KIND OF TRANSPORTATION WILL YOU USE? (PERSONAL CAR, BUS, BICYCLE, WALKING)

HOW MUCH TIME ARE YOU WILLING TO SPEND AS A REACH STUDIO VOLUNTEER?

WEEKLY _____ HOURS MONTHLY _____ HOURS FOR 1 YEAR _____, OR HOW MANY MONTHS? _____

PLEASE LIST TWO REFERENCES. INCLUDE ADULT BUSINESS ASSOCIATES, EMPLOYERS OR SOCIAL FRIENDS. (DO NOT LIST RELATIVES). BE SURE YOU INCLUDE PERSONS WHO CAN PROVIDE INFORMATION ABOUT YOUR QUALIFICATIONS AND SUITABILITY FOR WORKING AS A VOLUNTEER WITH YOUTH PROGRAMS.

1. _____

First and Last Name of Reference	How do you know this person?	Phone # with area code
Alternate phone #	e-mail if available	

2. _____

First and Last Name of Reference	How do you know this person?	Phone # with area code
Alternate phone #	e-mail if available	

HAVE YOU EVER BEEN TURNED DOWN AS A VOLUNTEER WITH A YOUTH-SERVING ORGANIZATION? CHECK YES OR NO.

_____ NO _____ YES IF YES, PLEASE EXPLAIN: _____

I understand that my enrollment as a volunteer is contingent upon successful completion of the application process. I give my permission for the above-named references to release information about me and for my criminal history to be verified.

I understand that Reach Studio Art Center does not discriminate on the basis of race, color, national origin, sex, disability, political beliefs, sexual orientation, marital status, and that this application will be handled in a confidential manner.

I agree to serve as a volunteer for Reach Studio Art Center. I understand that either party may cancel this relationship at any time.

I certify that the above information is correct. I agree to inform Reach Studio of any changes.

Signature: _____ Date: _____

Thank-you for your willingness to share your talents!

PLEASE CONTINUE FOR BACKGROUND CHECK AUTHORIZATION AND CODE OF CONDUCT

REACH STUDIO ART CENTER CRIMINAL HISTORY CHECK FORM

To protect your privacy, this form will be seen only by Reach Studio Art Center staff.

First Name Middle Initial Last Name

Previous married and/or maiden names _____

Date of Birth: _____ Gender: ___male ___female
Month Day Year

Driver License Number: _____

Have you ever been convicted of a felony or a misdemeanor? ___no ___yes

If yes, please explain:

I give Reach Studio Art Center permission to check my criminal history with state and local police as well as with any jurisdictions in other states in which I have lived.

Signature Date

NOTE: A criminal record will not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be a Reach Studio volunteer.

PLEASE PROVIDE 2 FORMS OF ID, ONE OF WHICH SHOULD BE A PICTURE ID. WE WILL MAKE A COPY OF YOUR PICTURE ID AND KEEP IT IN YOUR CONFIDENTIAL FILE.

[OFFICE USE: ID'S PROVIDED: _____, _____]