

**Christine P. Whitton Art Partners
VOLUNTEER APPLICATION**

Name: _____ Date _____

Mailing Address: _____
Street / PO Box City State Zip

Home Phone _____ Cell/Work _____ Email: _____

YOUTH VOLUNTEER ONLY

Parent/Guardian: _____
(age 18 and under)

Street/PO Box City State Zip

School (if student) _____
Grade _____ Counselor/Teacher _____

Parent/Guardian Signature _____ Date _____

Why would you enjoy volunteering at Waterworks?

What special skills or talents do you have that you feel could benefit Waterworks?

Tell us about your other volunteer experiences:

Please mark below the areas for which you would like to volunteer. **Art experience is NOT a requirement to volunteer!**

- | | | |
|---|--|---|
| <input type="checkbox"/> Docent/Tour Guide | <input type="checkbox"/> Classroom Assistant | <input type="checkbox"/> Museum Store Coordinator |
| <input type="checkbox"/> Flower/Garden Committee | <input type="checkbox"/> Clerical Assistant | <input type="checkbox"/> Art Partners Program Coordinator |
| <input type="checkbox"/> Hospitality Committee | <input type="checkbox"/> Exhibitions Assistant | <input type="checkbox"/> Committee/Board Leadership |
| <input type="checkbox"/> Special Events Committee | <input type="checkbox"/> Library Assistant | <input type="checkbox"/> Other |

Availability

During which hours are you available for volunteer assignments?

Day(s) of the week preferred:

Weekday mornings
 Weekday afternoons
 Weekday evenings

Weekend mornings
 Weekend afternoons
 Weekend evenings

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Person to Notify in Case of Emergency

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

Personal references: Please provide the names of two non-relatives as reference

Name	
Street Address	
City ST ZIP Code	
Contact Phone Number	
E-Mail Address	
Name	
Street Address	
City ST ZIP Code	
Contact Phone Number	
E-Mail Address	

Agreement and Signature

By submitting this profile, 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 misrepresentations made by me on this profile may result in my dismissal

Name (printed)	
Signature	

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 profile and for your interest in volunteering at Waterworks Visual Arts Center.