

VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

Phone number(s): _____

Email address: _____

Date of birth (*if minor*): _____

FOR MINORS WHO ARE VOLUNTEERING ONLY

To be completed by the parent or guardian of a minor

Name: _____

Address (*if different from above*): _____

Phone number(s): _____

Email address: _____

I, _____ hereby permit _____, to volunteer at the Worcester Center for Crafts by assisting with _____

I agree that I will not hold the Worcester Center for Crafts responsible for any injury, loss or damage to the individual or thier possessions.

Signature

Date

ABOUT ME

Are you hoping to volunteer as part of a requirement for school, work, etc.? YES _____ NO _____

If YES, please indicate the name of your school/work, and contact information for your supervisor

Name of school / workplace: _____

Name of contact person: _____

Phone number(s): _____

If NO, why do you want to volunteer?

What specific skills, abilities, talents, if any, do you feel you can contribute to the Worcester Center for Crafts? _____

Where have you volunteered in the past?

AVAILABILITY

Please indicate the hours you are available each day of the week. Be sure to make a note of any differing availability, i.e. increased availability in the summer, etc.

Sunday: _____ Thursday: _____

Monday: _____ Friday: _____

Tuesday: _____ Saturday: _____

Wednesday: _____

Please check off any of the following that help to describe the kind of volunteering tasks you are looking to do.

Events _____

Studios _____

General Help _____

Youth Summer Camps _____

Mailing Distribution _____

Please check off which best describes the kind of volunteering experience you are looking for

Set Weekly Schedule _____

An Event _____

Completion of Required Volunteer Hours _____

If yes, how many hours need to be completed? _____ By what date? _____

PREFERRED ACTIVITIES

Please note any activities you would prefer, and also note any tasks or activities that you are unable to do. _____

