

Volunteer Application

Mr. Ms. Mrs. Miss _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zipcode _____ Birthday (Mo/Day) _____

Phone _____ Cell Phone _____

Email _____

Spouse or Partner's Name (Optional) _____

Emergency Contact Information:

Emergency Contact Person _____ Relationship _____

Phone _____ Cell Phone _____

References (not related to you): Personal or Professional or Volunteer

1. Name _____ Phone _____ Cell Phone _____

2. Name _____ Phone _____ Cell Phone _____

Work History: _____

Volunteer Experience: Community Agency School Fund Raising Board/Committee

Other _____

Education: High School College Vocational/Tech

Degree(s) earned: _____ Major/Minor: _____

Tell us about your skills that you would like to share with the Symphony:

- | | | |
|--|--|--|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Musician | <input type="checkbox"/> Writing/editing |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Organizing events | <input type="checkbox"/> Event Decoration |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Photography | <input type="checkbox"/> Music Education |
| <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Public speaking | <input type="checkbox"/> Working with Children |
| <input type="checkbox"/> Hospitality (all aspects) | <input type="checkbox"/> Teaching | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Telephoning | <input type="checkbox"/> |

Thank you for your application! We will contact you very soon!

For Office Use Only

Interview Date:	Interviewer:
Interview Summary:	
Child Policy Signed:	
Release and Waiver Signed:	
Volunteer Acknowledgement Signed:	
Orientation Date Attended:	