

## VOLUNTEER APPLICATION

### VOLUNTEER INFORMATION

Name:

Date of birth:

Primary Phone:

Cell Phone:

Address:

City:

State:

ZIP Code:

Email:

### EMERGENCY CONTACT

Name:

Relationship:

Address:

Phone:

City:

State:

ZIP Code:

### SCREENING

Are you registered with the Missouri Department of Health and Senior Services' Family Care Registry? \_\_\_  
*All volunteers must pass a background screening and orientation prior to beginning their service. If you have not been registered, a background form will be provided for you to complete.*

### AVAILABILITY

Which hours are you available to volunteer?

Weekday mornings     
  Weekday afternoons     
  Weekend (special events)  
 Wednesday Night     
  Thursday Night

### INTERESTS

Which areas you are interested in volunteering?

Adult Open Studio (Mon-Fri. 10AM-3PM)     
  Adult Open Studio (Wed. 4-7PM)  
 Teen Open Studio (Thurs. 4-6PM)     
  Youth Summer Camp  
 Administration     
  Events  
 Art Workshops     
  Other:

### SPECIAL SKILLS/QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies.

### SIGNATURES

Signature of volunteer:

Date:

[Type here]