



Adams County Arts Council Volunteer Application Form

VOLUNTEER APPLICANT INFORMATION			
Last Name:		First Name:	MI:
Home Address			
City:		State:	Zip:
Home Telephone:		Home Fax:	
Home E-mail:			
Business Name:			
Business Address:			
Business City:		Business St.	Zip:
Business Telephone:		Business Fax:	
Business E-mail:			
EXPERIENCE (Include either paid or volunteer work experience beginning with the most recent)			
Organization Name:		From (year):	To (year):
Address			
City:		State:	Zip:
Telephone:		Supervisor's Name:	
Organization Name:		From (year):	To (year):
Address			
City:		State:	Zip:
Telephone:		Supervisor's Name:	
Organization Name:		From (year):	To (year):
Address			
City:		State:	Zip:
Telephone:		Supervisor's Name:	
EDUCATION AND TRAINING (begin with most recent)			
Institution Name:		City/State:	Date:
Institution Name:		City/State:	Date:
Institution Name:		City/State:	Date:
CURRENT PROFESSIONAL LICENSE(S) NOT INCLUDING DRIVER'S LICENSE			
Type:		Number:	State: Exp (yr):
Type:		Number:	State: Exp (yr):
Type:		Number:	State: Exp (yr):
FLUENT LANGUAGE SKILLS (check all that apply)			
<input type="checkbox"/> -Spanish <input type="checkbox"/> -French <input type="checkbox"/> -German <input type="checkbox"/> -Chinese <input type="checkbox"/> -Japanese <input type="checkbox"/> -Korean			
Other Fluent Language Skills:			
VOLUNTEER OPPORTUNITIES (Check all activities which interest you or for which you possess skills)			
<input type="checkbox"/> -Administrative/office <input type="checkbox"/> -Fund Raising <input type="checkbox"/> -Mailings <input type="checkbox"/> -Special Events			
<input type="checkbox"/> -Gardening/Landscaping <input type="checkbox"/> -Maintenance <input type="checkbox"/> -Painting <input type="checkbox"/> -Data Entry			
<input type="checkbox"/> -Planning/Organization <input type="checkbox"/> -Driving/delivery <input type="checkbox"/> -Cooking/food <input type="checkbox"/> -Public Speaking			
Other:			

[Please complete the application information on page 2 of this form]

AVAILABILITY (please check all times you are generally available to volunteer)						
<input type="checkbox"/> -Monday	<input type="checkbox"/> -Tuesday	<input type="checkbox"/> -Wednesday	<input type="checkbox"/> -Thursday	<input type="checkbox"/> -Friday	<input type="checkbox"/> -Saturday	<input type="checkbox"/> -Sunday
In most generally available in the:		<input type="checkbox"/> -Morning	<input type="checkbox"/> -Afternoon	<input type="checkbox"/> -Evening	<input type="checkbox"/> -Anytime	
In most generally available in the:		<input type="checkbox"/> -Fall	<input type="checkbox"/> -Winter	<input type="checkbox"/> -Spring	<input type="checkbox"/> -Summer	
Are you available for a short-term project? <input type="checkbox"/> -Yes Explain:						
EMERGENCY CONTACT INFORMATION						
Last Name:		First Name:			MI:	
Home Address						
City:		State:			Zip:	
Home Telephone:		Relationship:				
A yes answer to the following italicized questions will not necessarily disqualify any applicant.						
Are you licensed to operate a motor vehicle in this state?					<input type="checkbox"/> -Yes	<input type="checkbox"/> -No
<i>Has your license to operate a motor vehicle ever been revoked?</i>					<input type="checkbox"/> -Yes	<input type="checkbox"/> -No
<i>If yes, please explain:</i>						
Have you ever been bonded?					<input type="checkbox"/> -Yes	<input type="checkbox"/> -No
<i>Has your bonding ever been revoked?</i>					<input type="checkbox"/> -Yes	<input type="checkbox"/> -No
<i>If yes, please explain:</i>						
Why do you wish to volunteer for the Adams County Arts Council? (optional):						

VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS

I do hereby give the Adams County Arts Council, its agents, and assigns permission to inquire into my educational background, references, driving record, police records, employment and/or volunteer history. I further give permission to the holder of any such records to release the same to the Adams County Arts Council.

I do hereby hold the Adams County Arts Council, its agents, and assigns harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to the Adams County Arts Council. I understand that the Adams County Arts Council will use this information as part of its verification of my volunteer application and periodically for evaluation purposes.

VOLUNTEER VERIFICATION
Full Name:

Volunteer Applicant's Signature

Date

Volunteer Coordinator Signature

Date