



Return to:
 ACAC
 125 S. Washington St.
 Gettysburg, PA 17325

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 (vr):
Type:		Number:	State: Exp (vr):
Type:		Number:	State: Exp (vr):
FLUENT LANGUAGE SKILLS (check all that apply)			
<input type="checkbox"/>	-Spanish	<input type="checkbox"/>	[-French
<input type="checkbox"/>	I-German	<input type="checkbox"/>	I I-Chinese
<input type="checkbox"/>	II-Japanese	<input type="checkbox"/>	II-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"/>	Fundraising
<input type="checkbox"/>	Help with mailings	<input type="checkbox"/>	Work at events
<input type="checkbox"/>	Grantwriting	<input type="checkbox"/>	Exhibit docent
<input type="checkbox"/>	Greeter or food server	<input type="checkbox"/>	Data entrv
<input type="checkbox"/>	Planning/Organizing	<input type="checkbox"/>	Driving/delivery
<input type="checkbox"/>	Donate baked goods	<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"/> I-Monday	<input type="checkbox"/> II-Tuesday	<input type="checkbox"/> -Wednesday	<input type="checkbox"/> -Thursday	<input type="checkbox"/> -Friday	<input type="checkbox"/> I-Saturday	<input type="checkbox"/> -Sunday
I'm most generally available in the:			<input type="checkbox"/> I-Fall	<input type="checkbox"/> I-Winter	<input type="checkbox"/> I-Sorine.	<input type="checkbox"/> I-Summer
Are you available for a short-term project? <input type="checkbox"/> I-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?					-Yes 0-No	
<i>Has your license to operate a motor vehicle ever been revoked?</i>					-Yes I I-No	
<i>If yes, please explain:</i>						
Have you ever been bonded?					0-Yes 0-No	
<i>Has your bonding ever been revoked?</i>					0-Yes 0-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