



VOLUNTEER and INTERN APPLICATION

Office Use Only: Staff Initials on each line, BCI Collected, Interview Conducted, Start Date, End Date, Notes

Name: Date of Application: Age (if minor): Date of Birth (if minor):

CONTACT INFORMATION

Address: Phone: Alt. Phone: Email:

FOR VOLUNTEERS WHO ARE MINORS ONLY

(To be completed by the parent or guardian of a volunteer who is a minor only.)

Name of Parent/Guardian:

CONTACT INFORMATION (If different from above)

Address: Phone: Alt. Phone: Email:

I, hereby permit, to volunteer at Artists' Exchange, assisting with (please list event(s), class(es), camp(s), workshop(s), etc.)

I agree that I will not hold Artists' Exchange responsible for any injury, loss or damage to the individual or his/her possessions.

Signature: Date:

ABOUT ME

Are you hoping to volunteer as part of a requirement for school, work, etc.? (circle one) YES NO

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

Name of school/university/college/other:

Contact Person:

Phone:

If not, why do you want to volunteer?

Blank lines for answer to 'If not, why do you want to volunteer?'

What specific skills, abilities, talents, if any, do you feel you can contribute to Artists' Exchange?

Where have you volunteered or interned 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.

Regular Availability

Additional notes on availability

Monday:	_____	_____
Tuesday:	_____	_____
Wednesday:	_____	_____
Thursday:	_____	_____
Friday:	_____	_____
Saturday:	_____	_____
Sunday:	_____	_____

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

- Mailings
- Events
- Art Therapy Classes
- Summer Camps
- General Help

Please check off the item that best describes the kind of volunteering experience you are looking for:

- Set Weekly Schedule
- Completion of Required Volunteer Hours

If so, how many hours need to be completed? _____ By when? _____

PREFERRED ACTIVITIES

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

A VALID B.C.I. MUST ACCOMPANY THIS APPLICATION FOR ANYONE OVER THE AGE OF 18.