



Volunteer Application

Contact Information

Volunteer's Name	
Volunteer's Date of Birth (if less than 18)	
Parents' Names <small>If applicant is under 18 yrs of age</small>	
Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments? Enter days/times below.

Available Start Date: _____

Available	___ Mon	___ Tue	___ Wed	___ Thu	___ Fri	___ Sat	___ Sun
Start Time							
End Time							

Interests

Tell us in which areas you are interested in volunteering (check all that apply).

___ Administrative/Office

___ Assisting in Classes

___ Organizing Supplies

Compensation Type

Please select ONE of the following options:

___ Earn Community Service Hours	___ Earn Studio Credit (\$9/hr)
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Special Skills or Qualifications

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

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Relation to Applicant	
Home Phone	
Mobile Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

X _____
Signature Date

Parent's Permission (required if applicant is under 18 years of age)

I affirm that my child, _____, has my permission to perform the volunteer tasks specified in this application for Museo Art Academy.

X _____
Signature Date

Complete All Fields, Sign & Return

Thank you for completing this application form and for your interest in volunteering with us. Please return completed form to:

Museo Art Academy

111 Front St North
Issaquah, WA 98027

Scanned forms (with signature and saved as a pdf) may be emailed to:

MuseoArtAcademy@Live.com