



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Are you 18 or over? Yes No

If under 18, please have a parent or guardian sign here.

What is your School/Organization affiliation?

What is your art form or discipline of study?

How did you learn of The Heidelberg Project?

How familiar are you with what we do? Very Somewhat
 Not

Availability

During which hours are you available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings	Date:
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons	Time:
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings	Place:

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Fundraising	<input type="checkbox"/> Marketing for HTMS	<input type="checkbox"/> Work as Art Instructor
<input type="checkbox"/> Events	<input type="checkbox"/> Newsletter production	<input type="checkbox"/> Children's Programs
<input type="checkbox"/> Docents	<input type="checkbox"/> Perform office duties	<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Work as Program Instr.	<input type="checkbox"/> Volunteer coordination	<input type="checkbox"/> Membership Drive
<input type="checkbox"/> Help organize program	<input type="checkbox"/> Deliveries	<input type="checkbox"/> Collecting art material

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	
Street Address	
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Work Phone	
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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.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of The Heidelberg Project is to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering the Heidelberg Project