

# Barnstone Art for Kids Volunteer Application



Personal Information	
Name	
Street Address	
City, State, ZIP Code	
Phone	
E-Mail Address	
Date of Birth	

Do you hold a valid drivers licence?  Yes  No      If yes, which state? \_\_\_\_\_

Have you ever had your drivers licence revoked or suspended?  Yes  No  
If yes, please explain \_\_\_\_\_

Present Employer	
Name	
Street Address	
City, State, ZIP Code	
Phone	
Supervisor's Name	
Date of Employment	
Position	

## Volunteer Experience

Do you have any current or past volunteer experience?  Yes  No

If yes, please list below beginning with your most recent experience:

Volunteer Organization and Address	Position/Responsibility	Supervisor/Contact Name	Phone	Dates of Service
1				
2				
3				

Please list relevant child care and/ or art experience?

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When are you able to volunteer? Days Available? \_\_\_\_\_  
Hours Available? \_\_\_\_\_

Check off current certifications & list expiration date:

- CPR (expires \_\_\_\_\_)                       1st Aid (expires \_\_\_\_\_)  
 Lifesaving (expires \_\_\_\_\_)                       Other (explain) \_\_\_\_\_

Additional Skills or Comments (ie. foreign language, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

References			
Name	Address	Phone	Relationship
1			
2			
3			

**Volunteer Interests**

- Child Mentoring     Clerical/Administrative  
 Program Activities     Computer/Technology  
 Program Preparation     Fundraising  
 Other: \_\_\_\_\_     Special Events

**Background Information**

Have you ever been convicted of a crime?                       Yes                       No  
If yes, what was the nature of the offense, when, where and disposition?  
\_\_\_\_\_

Have you ever been involved in an incident involving child abuse or neglect?  
 Yes                       No  
If yes, explain the details \_\_\_\_\_

We have criminal background & child abuse checks done on all volunteers.

**Person to Notify in Case of Emergency**

Name	
Street Address	
City, State, ZIP Code	
Phone	

**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 this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in volunteering with us.