



VOLUNTEER APPLICATION

VOLUNTEER INFORMATION

Name:

Date of birth:

Primary Phone:

Cell Phone:

Address:

City:

State:

ZIP Code:

EMAIL:

EMERGENCY CONTACT

Name:

Relationship:

Address:

Phone:

City:

State:

ZIP Code:

SCREENING

ARE YOU REGISTERED WITH THE MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES' FAMILY CARE REGISTRY?

All volunteers must pass a background screening and orientation prior to beginning their service. If you have not been registered, a background form will be provided for you to complete.

AVAILABILITY

Which hours are you available to volunteer?

Weekday mornings

Weekday afternoons

Weekend (special events)

Wednesday Night

Thursday Night

INTERESTS

Which areas you are interested in volunteering?

Adult Open Studio (Mon-Fri. 10AM-3PM)

Adult Open Studio (Wed. 4-7PM)

Teen Open Studio (Thurs. 4-6PM)

Events

Administration

Other:

Art Workshops

SPECIAL SKILLS/QUALIFICATIONS

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

SIGNATURES

Signature of volunteer:

Date:

[Type here]