



Thank you for your interest in Maude Kerns Art Center
Volunteer & Internship Information Form
(please print)

Name: _____ Date: _____

Day Phone: _____ Cell/Evening Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____

Have you been convicted of a felony within the past five years? Yes ___ No ___

If yes, please explain: _____

Education

Name and location of university/college(s) attended: _____

Major: _____ Graduation date or expected graduation date: _____

If local, name and location of High School(s) attended: _____

Other Education: _____

Work Experience

Have you done volunteer or paid work at another non-profit organization? ___ Yes ___ No

If yes, where did you work and what did you do? _____

List the computer programs you are comfortable with: _____

What special interests, hobbies and/or strengths do you possess that would be relevant to your work at Maude Kerns Art Center? _____

Volunteer Interests

Where did you hear about Maude Kerns Art Center's volunteer opportunities? _____

Why do you want to volunteer at Maude Kerns Art Center? _____

What skills, training and or knowledge do you wish to gain here? _____

What kind of work do you want to do here? _____

If you have a disability, what accommodation would you need to do this volunteer position? _____

What training do you anticipate needing to do this volunteer work? _____

Please check any areas in which you would be willing and able to help:

- Opening Receptions Teaching Assistant for children's classes Office Assistant
- Mailing Team Graphic Design Website Design Art & the Vineyard Assistant
- Computer Specialist Grant Writer/ Researcher Maintenance Visual Arts Mentor
- Gallery Guide/ Día de los Muertos Guide Membership Development Fundraising / Sponsorship

When are you available to work? Please be as specific as possible.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

For how long will you be able to volunteer/ intern? _____

If you are doing an internship, how many hours each week do you need for full credit? _____

Please provide 3 personal or professional references:

Name	Phone Number	Relationship

I hereby attest that the information on this application is true to the best of my knowledge.

Signature

Today's Date

If you are chosen for a volunteer or internship position, please complete the following

In case of an emergency, please contact:

Name: _____ Phone (W): _____ (H) _____

Is there any medical information we should be aware of in case of an emergency (i.e. allergies, special medications, and/or conditions): _____