



Thank you for your interest in Maude Kerns Art Center
Volunteer & Internship Application 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 High School(s) attended: _____

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

Major: _____ Graduation date or expected graduation date: _____

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/Intern Interests

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

Why do you want to volunteer/intern 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/intern position? _____

What training do you anticipate needing to do this volunteer/intern 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
- Receptionist Mailing Team Graphic Design Website Design
- Art & the Vineyard Assistant Computer Specialist Grants Writer/ Researcher
- Landscaping Maintenance Poster/ Flyer Distribution Team Visual Arts Mentor
- Gallery Guide/ Dia de los Muertos Guide Membership Development

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): _____