



California
Center for the
Arts, Escondido

VOLUNTEER APPLICATION

First Name:		Middle Name:	Last Name:
Address:			
City:	State:	Zip Code:	
Home Phone:	Cell:	Email Address:	
Emergency Contact Name:	Phone Number:	Relationship:	
Highest level of education:			
Do you have any particular skills or qualities that you could use in your voluntary work?			
Do you have any physical condition that may limit your activities?			
How did you hear about us?		Have you volunteered at the Center before?	
AREAS OF INTEREST			
Volunteer Opportunities (please check positions that interest you):			
<input type="checkbox"/> Theater Usher	<input type="checkbox"/> Education (Second Saturdays, Artist Assistant, or office Support)		
<input type="checkbox"/> Office Support	<input type="checkbox"/> Marketing "Get the Word Out"		
<input type="checkbox"/> Museum Docents	<input type="checkbox"/> Community Events (4 th of July, Day of the Dead, and Holiday Tree Lighting)		
	<input type="checkbox"/> Other: _____		
1st choice:	2nd choice:	3rd choice:	
PREVIOUS VOLUNTEER WORK			
1. Organization Name:		Position/Duties:	
Supervisor:	Phone number:	From:	To:

2. Organization Name:	Position/Duties:	
Supervisor:	Phone number:	From: To:
3. Organization Name:	Position/Duties:	
Supervisor:	Phone number:	From: To:
PROFESSIONAL REFERENCES		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
SIGNATURE		
<p>As a volunteer of the Center I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward. 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.</p>		
Signature:		Today's date:
Legal Guardian Print Name and Signature: (Volunteers under the age of 18 must obtain their legal guardian's signature)		Today's date:

For Office Use Only

Orientation Date:	ML Search Date/Notes:
Termination Date:	Reason for Termination: