

Venice Arts Volunteer Application

Name: _____ Sex: M _____ F _____

Address: _____ City: _____ Zip _____

Day Phone:(_____) _____ Evening Phone:(_____) _____

Fax:(_____) _____ Cell Phone:(_____) _____

E-mail: _____

Date of Birth: month ____/day ____/year (optional if over 21) ____

VOLUNTEER INTEREST (check all that apply):

| | | |
|--|---|---|
| <input type="checkbox"/> Artist-Mentor Field(s): _____ <input type="checkbox"/> Youth Exhibits | <input type="checkbox"/> Office Support (Phones, Data Entry, Mailings) <input type="checkbox"/> Community Outreach <input type="checkbox"/> Graphic Design <input type="checkbox"/> Newsletter Production <input type="checkbox"/> PR/Marketing | <input type="checkbox"/> Homework Tutor <input type="checkbox"/> Web Site Design English/Spanish Translator: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Other (Specify.): _____ _____ _____ |
| Volunteer Training: <input type="checkbox"/> Issues of At-Risk Youth <input type="checkbox"/> Other: _____ <input type="checkbox"/> Fundraising/Events <input type="checkbox"/> Soliciting Donations of Materials or Supplies | | |

Ethnicity (check one, for statistical purposes only):
 African American/Black Caucasian
 Latino /Chicano/Hispanic Native American Indian Asian/Pacific Islander Other

Languages Spoken/Written: _____

DAYS & TIMES AVAILABLE (please circle all that apply):

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---------|-----------|----------|--------|----------|
| 9-12 | 9-12 | 9-12 | 9-12 | 9-12 | 9-12 |
| 12-3 | 12-3 | 12-3 | 12-3 | 12-3 | 12-3 |
| 3-6 | 3-6 | 3-6 | 3-6 | 3-6 | 3-6 |

EDUCATION AND TRAINING:

| Dates Attended | High School, College, Graduate School, Special Training/ Certificate, or other related program | Location | Degrees Received and Date |
|----------------|--|----------|------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

MOST RECENT EMPLOYMENT:

| Date | Institution, Firm, or Organization | Position |
|-------|------------------------------------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

My employer provides a matching gift program. (They give money to agencies where their employees' volunteer/or match employees' financial contribution.). Yes_____ No_____

How did you hear about Venice Arts?_____

Why are you interested in volunteering for VA? _____

What is your past experience working with youth (if any)? _____

What is the most difficult aspect of working with youth? _____

What is the most positive element of working with youth? _____

PAST VOLUNTEER EXPERIENCE:

Company: _____ Address: _____
Phone: _____ Position: _____ Responsibilities: _____

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REFERENCES:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

In case of an emergency please contact:

Name: _____ Address: _____
Relationship: _____ Phone: (_____) _____

The information above is, to the best of my knowledge true, complete and accurate. I understand that this is only an application and does not ensure placement as a volunteer.

Signature: _____ Date: _____

Please return to Venice Arts by mail: 610 California Ave., Venice, CA 90291;
fax: 310-578-1525; or email: info@venice-arts.org