

Volunteer Application Form

Please contact Registrar, Jan Hurt, at 321.203.2604 or jhurt@crealde.org or by fax, at 407-671-0311

Name _____
Address _____
Phone (h) _____ (w) _____
(c) _____ (e-mail) _____

References: Please provide two references, professional or academic.

1. Name _____ Phone _____
Relationship _____
2. Name _____ Phone _____
Relationship _____

Statement: Please briefly describe why you would like to volunteer at Crealdé School of Art.

Skills/Interests: Please check or briefly describe how you would like to volunteer for Crealdé School of Art.

- General office assistant Registrations
 Data entry Community Events

Availability: Please list days of the week and times you are available.

How many hours are you able to volunteer? _____

I give permission to Crealdé School of Art to perform all necessary background checks.

Signature: _____ Date: _____

Parent/Guardian Signature if applicant under 18: _____ Date: _____