

Volunteer Application Form

Please return application and resumé to Louise Thompson
louisefelice356@gmail.com or call 407-420-2184



Name _____
Address _____
City _____ State _____ Zip Code _____
Phone (h) _____ (w) _____
(c) _____ (e-mail) _____
 Student Retired Other

Are you a current member of Crealde? All volunteers must be active members. Become a member now: www.crealde.org

References: Please provide two references, **professional or academic.** (not a family member)

Name _____ Phone _____
Relationship _____ Email _____

Name _____ Phone _____
Relationship _____ Email _____

Please 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: (Please note there is a separate volunteer form for our summer camp volunteers, available in the spring)

- | | | |
|----------------------------|-----------------------------|------------------------------------------------------------------|
| _____ Special Events | _____ Social Media | _____ Front Desk (Reception, Phone, Registration, Computer) |
| _____ Landscape Assistants | _____ Office/Administrative | _____ Ambassadors (Campus greeters before sessions and exhibits) |
| _____ Gallery Attendant | _____ Audience Surveys | _____ Telephone assistance (The week before each session) |
| _____ Children's programs | _____ Fund Raising | |

Availability: Circle the Days of Availability. List times you are available. How many hours are you able to volunteer?

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.
Hours Available: _____

Emergency Contact:

Name: _____ Phone: _____

I verify the above information is correct & I give permission Crealdé to perform all necessary background checks.

Signature: _____ Date: _____