



Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (h) _____ (w) _____

(c) _____ (e-mail) _____

Student Retired Other

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 and/or The Hannibal Square Heritage Center. Please also include any art experience you have:

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 _____ Children's Programs _____ Ambassadors (greeters before sessions)

_____ Facilities _____ Hannibal Square Heritage Center _____ Other: _____

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: _____

T-shirt size: S M L XL 2X

Emergency Contact:

Name: _____ **Phone:** _____

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

Signature: _____ **Date:** _____