

ARTSTART

1459 St. Clair Ave
St Paul, MN 55105
651-698-2787

Volunteer Application

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone						
Date Available		Cell Phone #				
REFERENCES						
<i>Please list three references.</i>						
Full Name			Relationship			
			Phone ()			
Full Name			Relationship			
			Phone ()			
Full Name			Relationship			
			Phone ()			

What Position Would you be interested in Volunteering for?

Where have you volunteered before?

What Would make you a good volunteer?

What Skills do you have to contribute?

DISCLAIMER, AUTHORIZATION AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that a criminal background check will be conducted as a part of the process to determine my volunteer position. I authorize all persons, schools, companies, current and/or former employers, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, current and/or former employers and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Signature

Date

MINOR –
Parent
Signature

EMERGENCY CONTACT: _____ PHONE: _____