



general information

The Arts Council of Fayetteville/Cumberland County

VOLUNTEER APPLICATION

NAME: _____ TODAY'S DATE: _____
 E-MAIL ADDRESS: _____ BIRTHDAY: _____ AGE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 HOME PHONE: _____ CELL PHONE: _____
 EMERGENCY CONTACT NAME: _____ RELATION TO APPLICANT: _____
 E-MAIL ADDRESS: _____ PHONE NUMBER: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

ARE YOU 18 YEARS OF AGE OR OLDER: YES NO (If no, a hard copy of the application must be signed by a legal guardian and turned in for consideration.)

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION? _____

PLEASE LIST ANY CRIMINAL CONVICTIONS, OTHER THAN TRAFFIC INFRACTIONS, SUSTAINED WITHIN THE LAST TEN (10) YEARS. (You will not be automatically excluded from consideration if you have been convicted of a crime. Consideration will be based upon the totality of circumstances.) _____

PLEASE INDICATE WHAT LANGUAGES YOU SPEAK, IF ANY, BESIDES ENGLISH: _____

LIST ANY PHYSICAL LIMITATIONS OF WHICH WE SHOULD BE AWARE: _____

T-SHIRT SIZE: SMALL MEDIUM LARGE X-LARGE OTHER: _____

PLEASE INDICATE WITH A CHECK OR "X" THE TIME(S) OF DAY YOU ARE AVAILABLE TO VOLUNTEER BELOW:

	s	m	t	w	th	f	s
morning							
afternoon							
evening							

WHY DO YOU WANT TO BE A VOLUNTEER WITH THE ARTS COUNCIL OF FAYETTEVILLE/CUMBERLAND COUNTY? _____

HOW DID YOU LEARN ABOUT THE ARTS COUNCIL OF FAYETTEVILLE/CUMBERLAND COUNTY? _____

IN WHAT AREA(S) ARE YOU INTERESTED IN HELPING? (Check all that apply)

- ADMINISTRATIVE (Answering Phones, Mailings, Filing, Ect.) GALLERY GREETERS FUNDRAISING
 USHER FOR THE ARTS

Special Events:

- 4TH FRIDAY INTERNATIONAL FOLK FESTIVAL MEMBERSHIP EVENTS
 A DICKENS HOLIDAY ART ATTACK ANNUAL FUNDRAISER
 OTHER (Please Specify) _____

availability & interests

EXPERIENCE AND SPECIAL SKILLS OR QUALIFICATIONS:

Please indicate previous volunteer experience, hobbies, activities, certifications and/or skills that would be pertinent to the volunteer position desired.

SIGNATURE _____

DATE _____

My signature indicates that all the information I have provided in this application is true to the best of my knowledge. It also confirms my understanding that my volunteer position is not guaranteed, nor if granted, guaranteed for any length of time and that the Arts Council of Fayetteville/Cumberland County may deny or end my volunteer opportunity at any time, for any reason, with or without prior notice. Neither the Arts Council, its employees, its representatives nor the City of Fayetteville or Cumberland County shall be liable for any injury sustained while volunteering, nor shall they be responsible for theft, loss or damage of any personal property of the volunteer. My signature below further acknowledges that I have read over the Volunteer Code of Conduct I was provided, and understand that as a volunteer, my actions are reflective upon The Arts Council and I will represent the organization with dignity and respect.

SIGNATURE OF PARENT OR GUARDIAN _____

(If applicant is under the age of 18.)

DATE _____

RELATION TO APPLICANT _____

As parent or guardian of the applicant, I hereby certify that the application is submitted with my approval and consent. In case of medical emergency occurring during time of volunteering, I authorize a qualified medical professional to take all necessary measures in treatment of this applicant.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application and for your interest in volunteering with the Arts Council of Fayetteville/Cumberland County! If you have any questions or concerns please contact our Volunteer Coordinator at volunteers@theartscouncil.com or call 910.323.1776.