

Volunteer Application

Name:				
	Last		First	
Address:				
	Street	City	State	Zip
Phone Num	ber:			
	Ноте	e	Other	
Email				
Emergency (Contacts:			
	Name		Phone Number	
Emergency	Contacts:			
	Name		Phone Number	
Do you have	any medical cond	itions of whicl	n we should be aware?	
Place of Em	ployment:			
Education (I	Degree or Diploma	ı):		
Are there an	y previous employ	ment experie	nces that may be beneficia	ıl to our
organization	?			
Are you flue	nt in any language	es other than I	English (including Sign La	anguage)?
What other	volunteer experien	nces have you	had?	
What is your	r experience with a	art/art/music/o	lance?	
Is there a pa	rticular period or	artist that into	erests you?	



Do you have any computer skills, book keeping skills, or technical related skills? (Please check from the list provided as well as fill in *Other* for skills that were not listed)

☐ Typing (words per minute)	☐ Windows XP	☐ Excel		
☐ Microsoft Word	☐ Mac	☐ Power Point		
☐ Office Outlook	\square Adobe	☐ Search Engines		
☐ Microsoft Publisher	☐ Quick Book	☐ Other		
Please give us any additional information that you would like to share about yourself:				
Please give two personal or profes	sional references:			
Name:				
Email Address:				
Address:				
Daytime Phone:				
Name:				
Email Address:				
Address:				
Daytime Phone:				



If you had to choose, would you like to lead or follow?
Are you self motivated ?
What boards may you have served on?
Board Reference:
Would you be interested in serving on our Board of Directors at some time?
When would you be available to volunteer
☐ Mornings
☐ Afternoons
☐ Evenings
Weekends
I release Florida Arts, Inc. and its agents from any liability in connection with
volunteer activities I might participate in.
Signed:
Dated:
Please return this form to Florida Arts, Inc by mail/fax or email
Po Box 1562 Fort Myers, FL 33902
Phone 239-337-1933 fax 239-245-8566
Email: florida.arts@yahoo.com