



**Copper Country Community Arts Council**  
Community Arts Center Volunteer Application

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

Phone \_\_\_\_\_ Email \_\_\_\_\_

Why do you want to volunteer at the Community Arts Center? \_\_\_\_\_

Are you 18 years of age or older?  YES  NO

Work Schedule \_\_\_\_\_

Paid Work Experience \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Skills/Talents/Hobbies \_\_\_\_\_

Volunteer Service Preference:

Gallery helper  Special Event Volunteer  General/On Call Volunteer

Committee \_\_\_\_\_  Other \_\_\_\_\_

Do you have any physical/mental limitations which would affect your ability to provide certain types of volunteer service?  YES  NO

If yes, please explain \_\_\_\_\_

Will you need any accommodations in order to perform the essential functions of the volunteer positions(s) for which you are applying?  YES  NO

If so, what are your needs? \_\_\_\_\_

How did you hear about volunteering at the Community Arts Center? \_\_\_\_\_

Have you ever been convicted of a crime  YES  NO

If so, when? \_\_\_\_\_ (Date) Where? \_\_\_\_\_

What was the nature of the offense? \_\_\_\_\_

Are there any felony charges pending against you?  YES  NO

If yes, please explain \_\_\_\_\_

### Time Commitment/Availability

Check the boxes on the days you are available, and then list times below. The Arts Center is open Tuesday-Friday 10am-6pm and Saturdays 1-5pm.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

List three references other than family members:

Name	Phone
1) _____	_____
2) _____	_____
3) _____	_____

In case of emergency contact:

_____ (Name)	_____ (Relationship)
_____ (Address)	_____ (Phone)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Completion of application, interview, and attendance at orientation does not guarantee volunteer placement.