

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

PERSONAL INFORMATION				
Name (First, Middle, Last)				Date:
Date of Birth (MM/DD/YYYY)				
Address		City	State	Zip
Telephone			Email	
EMERGENCY CONTACT				
Name			Relationship	
Telephone			Email	
EDUCATION HISTORY				
	Name & Location of School	Years Attended	Did You Graduate?	List Degrees or Diploma
High School				
College				
Other (Specify)				
Other (Specify)				
EMPLOYMENT HISTORY				
Company #1		Position	Employed From	To
Supervisor		Telephone	Reason for Leaving	
Company #2		Position	Employed From	To
Supervisor		Telephone	Reason for Leaving	
VOLUNTEER HISTORY				
Location #1			Volunteered from	To
Location #2			Volunteered from	To
Location #3			Volunteered from	To

<b>PERSONAL REFERENCES</b>		
Please list two references *We CANNOT accept family members or personal friends as references.*		
Name	Relationship	Telephone
Name	Relationship	Telephone
<b>AVAILABILITY</b>		
Hours available to volunteer. Please √ the day of the week and indicate times.		
<input type="checkbox"/> Monday:	<input type="checkbox"/> Friday:	
<input type="checkbox"/> Tuesday:	<input type="checkbox"/> Saturday:	
<input type="checkbox"/> Wednesday:	<input type="checkbox"/> Sunday:	
<input type="checkbox"/> Thursday:	<input type="checkbox"/> Flexible	
Which of our locations are you interested in volunteering for? (check all that apply)		
	<input type="checkbox"/> Waukesha	<input type="checkbox"/> West Milwaukee
	<input type="checkbox"/> West Bend	<input type="checkbox"/> Out Reach
Do you have an automobile you can use to go between volunteer sites? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please provide the driver's license number:		
<b>BACKGROUND</b>		
Do you have any additional training or skills?		
Outside of volunteering, what are your interests and hobbies?		
Why do you wish to volunteer for Donna Lexa Art Centers?		
How did you hear about Donna Lexa Art Centers?		
Have you ever been convicted of a criminal offence? If yes, please explain.		
Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of volunteer work? If yes, please explain.		
Do you have a beginning knowledge of developmental learning patterns in adults? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked with individuals with special needs before (cognitive, physical, and/or mental)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a working knowledge of: <input type="checkbox"/> Art Therapy <input type="checkbox"/> Art Instruction <input type="checkbox"/> Psychology (Check all that apply) <input type="checkbox"/> Human development <input type="checkbox"/> Art (as a subject matter)		
Are you interested in learning about adaptive art? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you accept suggestions readily and with an open mind? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to experiment with methods and media? (Subject to approval of the site supervisor) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you demonstrate sensitivity to each participant as an individual with a unique growth pattern? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to become acquainted with policies, regulations, program, and facilities of the site(s) you are assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to recognize your duties, responsibilities, and privileges in the site(s) you are assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to maintain a professional and ethical attitude toward all members of the site(s) community? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>PERMISSION/RELEASE STATEMENT</b>	
Periodically we have photos taken of students and volunteers at work for newspaper stories, special events, art exhibitions and Donna Lexa print/web materials. Please indicate your preference below.	
<input type="checkbox"/> I <b>GRANT</b> permission to have my photos used.	<input type="checkbox"/> I <b>DO NOT GRANT</b> permission to have my photos used.
Signature	Date
<b>PARENTAL CONSENT (for those under 16 years of age):</b>	
I <b>GRANT</b>	my consent to work as a volunteer at Donna Lexa Community Art Center.
Parent's Signature	Date
<b>PARTICIPATION AGREEMENT</b>	
<ul style="list-style-type: none"> <li>• I hereby authorize Donna Lexa Community Art Center to contact the named references to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage for issuing the same.</li> <li>• It is the policy of Donna Lexa Community Art Center to screen all prospective volunteers. Volunteers will be precluded from service if the background check shows a court imposed penalty for a crime within the past 7 years from the date of disposition, release from jail or prison, or release from probation or parole, whichever occurs latest. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.</li> <li>• I understand and respect the confidential nature of the information I might have access to in performing my volunteers duties for Donna Lexa Community Art Center. I understand that if I should accept a volunteer position, any misrepresentation by me could result in termination.</li> </ul>	
<b>AGREEMENT ACCEPTANCE</b>	
I understand these responsibilities, and I agree to comply with all expectations and billing procedures. My signature indicates that I have read this agreement and understand its contents.	
Signature	Date

**Thank you for your interest in Donna Lexa Art Centers.**