



VOLUNTEER APPLICATION

Last:	First:	Middle Initial:
Street Address:		Apt/Unit #:
City:	State:	ZIP:
Phone:	E-mail:	
Cell Phone:		

What area of the Straz Center interests you (Check all that apply)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Box Office | <input type="checkbox"/> Facilities | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Catering/Food and Beverage | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Education (Patel Conservatory) | <input type="checkbox"/> Information Services | <input type="checkbox"/> Other (Please specify): |
-

What type of work would you like to do?

- I will work in any capacity.
- I would like to work only in the areas selected.
 - Administrative work, including computer, bulk mailing, answering phones, filing
 - Customer Service
 - Docent/tour guide
 - Education/children’s workshops
 - Maintenance and facilities (painting, HVAC, etc.)
 - Presentations/community outreach
 - Publications editing
 - Special events/fundraising
 - Usher
 - Web Design

Do you like to work with children? Yes No

Do you have any special skills that you’d like to share with us? (Check all that apply)

Completed forms should be submitted to HRVolunteer@strazcenter.org or to Human Resources, Straz Center, 1010 North W.C. MacInnes Place, Tampa, FL 33602.

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Editing | <input type="checkbox"/> Music |
| <input type="checkbox"/> Art | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Newsletter editing/production |
| <input type="checkbox"/> Bulk Mail | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Graphic design | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Writing |

What foreign languages do you speak and at what proficiency? _____

What are your computer skills?

- | | |
|---|--|
| <input type="checkbox"/> No computer skills | <input type="checkbox"/> Photoshop |
| <input type="checkbox"/> Access | <input type="checkbox"/> HTML |
| <input type="checkbox"/> Word | <input type="checkbox"/> Computer graphics |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> PowerPoint | |

Other relevant skills, educational background, and certifications:

What is/was your profession? _____

Do you have any physical restrictions that would affect the type of volunteer work you may be assigned?

Why do you want to volunteer at the Straz Center?

Previous Volunteer Experience:

What days are you available to volunteer?

- | | | | |
|------------------|----------------------------------|------------------------------------|----------------------------------|
| Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

What months are you available to volunteer?

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June | <input type="checkbox"/> October |
| <input type="checkbox"/> March | <input type="checkbox"/> July | <input type="checkbox"/> November |
| <input type="checkbox"/> April | <input type="checkbox"/> August | <input type="checkbox"/> December |

How much time would you like to donate each month?

- Less than one full day
- Eight to 20 hours
- 20-40 hours
- More than 40 hours

Emergency Contact Information:

Name _____ Address _____

Daytime Phone _____ Relationship _____