



STRAZ CENTER
FOR THE PERFORMING ARTS
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
 - Clerical work, including bulk mailing, photocopying, filing, answering phones
 - Customer Service
 - Docent/tour guide
 - Education/children's workshops
 - Food and beverage service
 - Fundraising
 - Grant writing
 - Graphic design
 - Information technology services
 - Informational research
 - Maintenance and facilities (painting, HVAC, etc.)
 - Marketing
 - Newsletter production and editing
 - Presentations/community outreach
 - Publications editing
 - Special events
 - 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)

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Editing | <input type="checkbox"/> Music |
| <input type="checkbox"/> Acting | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Newsletter editing/production |
| <input type="checkbox"/> Art | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Bulk Mail | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Graphic design | <input type="checkbox"/> Teaching |
| <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 skills not listed:

Other relevant educational background and certifications:

What is/was your profession?

Work experience relevant to volunteer position:

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:
Daytime Phone:

Address:
Relationship:

Internal Use Only

Comments: _____

Staff Signature: _____

Date: _____