

Volunteer Application

Volunteer Contact Information Name Street Address CITY **STATE** ZIP Home Phone Cell Phone E-Mail Address Student? If yes: YES NO SCHOOL/COLLEGE NAME GRADE/YEAR Interests Tell us which areas you are interested in volunteering: Working at a **class** on a consistent basis (every week, every other week, twice a week, etc.). Most classes occur Monday-Thursday from 10am-7pm, with a few on Friday and Saturdays. Assisting with community service **events** (One-time events or workshops that are less frequent than year-round programming). Helping in the **office** with supplies, making samples, working on in-house projects. Fundraising and helping to procure donations, supplies and funding. Photographing classes. Other (please explain): ☐ I am interested in volunteering for community service credit for a school, class or credit ☐ I am interested in a community service activity for my company or for a group affiliation **Availability** Mark the days and times you're available to volunteer with an X. **MORNING AFTERNOON** EVENING **WEEKDAYS**

WEEKENDS

☐ Driving myself ☐ Driving with parent/guardian ☐ Public transportation	
Other:	
Parent/Guardian Information (for volunteers under the age of 18)	
Parent/Guardian Name	
Street Address	
CITY STATE ZIP	
Home Phone	
Cell Phone	
E-Mail Address Occupation	
Parent/Guardian Name	
Street Address	
CITY STATE ZIP	
Home Phone	
Cell Phone	
E-Mail Address Occupation	
Anything else you would like to share?	

Email this completed form to jenny@artwithaheart.net or print and mail to our offices: Art With A Heart • 3355 Keswick Rd • Stable Building, Suite 104 • Baltimore, MD 21211