

Catherine's Orchestra for All Student Volunteer Application

Date: _____

Contact Information: _____

Name: _____

Street Address: _____

City, St, Zip Code: _____

Home/Cell Phone #: _____

Are you over the age of 18? Yes ___ No ___

Are you in high school band? If yes, list the school: _____

Experience (Music or work related):

If Music (Please list instruments you are comfortable with playing):

Woodwinds Specify: _____

Brass Specify: _____

Percussion Specify: _____

Strings Specify: _____

Guard Specify: _____

List all instruments you are comfortable working on or cleaning:

Interested Areas of Volunteering:

You may select multiples:

Children and Youth: Yes No

Community Volunteer: Yes No

Administrative Services: Yes No

Instrument Instruction: Yes No

Building Maintenance: Yes No

Cleaning/Organizing: Yes No

Fundraising: Yes No

Spokesperson: Yes No

Volunteer Leadership: Yes No

Youth Volunteering: Yes No

Other:

Qualifications:

Please list any qualifications you find relevant:

Have you worked as a volunteer before? If so, what did you do?

Why do you want to serve as volunteer for COFA? How do you hope to benefit?

Do you need volunteer hours? If so, how many?

Availability: (please send schedule in attachment if needed)

July - December

___: ___ to ___: ___ Monday	___: ___ to ___: ___ Friday
___: ___ to ___: ___ Tuesday	___: ___ to ___: ___ Saturday
___: ___ to ___: ___ Wednesday	___: ___ to ___: ___ Sunday
___: ___ to ___: ___ Thursday	

January – June

___: ___ to ___: ___ Monday	___: ___ to ___: ___ Friday
___: ___ to ___: ___ Tuesday	___: ___ to ___: ___ Saturday
___: ___ to ___: ___ Wednesday	___: ___ to ___: ___ Sunday
___: ___ to ___: ___ Thursday	

Do you have a valid driver’s license? _____ Yes _____ No

If yes, do you have your own means of transportation? _____ Yes _____ No

Are you certified in:

First Aid:	Yes	No	Pediatric CPR:	Yes	No
CPR:	Yes	No	Lifeguard:	Yes	No

Do you have any criminal convictions (Other than parking violations and juvenile offenses)?

_____ Yes _____ No

If yes, this does not eliminate you as a volunteer, however, please indicate the type of conviction.

Person to Notify in Case of Emergency

Name: _____

Street Address: _____

City, St, Zip Code: _____

Home/Cell Phone: _____

Work Phone: _____

E-Mail Address: _____

Our Policy:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Student Signature: _____

Parent/Guardian Signature (If under the age of 18) _____

Date: _____