



# Volunteer Application

Date: \_\_\_\_\_

## Contact Information

First Name	Last Name	Middle Initial	Drivers License #
Address		City	State Zip
Telephone		E-mail	

## Emergency Contact Information

First Name	Last Name	Relationship
Address		City State Zip
Telephone	Secondary Phone	

## Volunteer Information

Are you volunteering to fulfill a community service commitment?  Yes  No

Date available to begin volunteer work: \_\_\_\_\_ Date work must conclude: \_\_\_\_\_

How often are you interested in volunteering: \_\_\_\_\_

Please list the times you will be available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							

## Areas Interested in Volunteering

Check all that apply

- Music Instruction specify: instrument(s), vocal, group, private
- Event Setup & Help
- Grant Writing
- Videography/ Photography
- Social Impact Study
- Social Media/Publication
- Distribution of Event Materials
- Fundraising
- Other \_\_\_\_\_



# Volunteer Application

What do you want to gain from this volunteer experience?

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## Skills & Qualifications

Summarize special skills and qualifications from employment or other experiences that may qualify you for work with our organization:

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Please describe any previous or current volunteer experience (include organization names & date of service):

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What experiences have you had that may prepare you to work as a volunteer in the field of children of incarcerated parents and/or music instruction?

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List the groups, clubs or organizations in which you have had or currently hold a membership:

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Is there anything else you would like us to know about you?

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## Education

Highest Level of Education: \_\_\_\_\_

Are you currently enrolled in a school, college or university?  Yes  No

Name of Educational Institution: \_\_\_\_\_

Describe your specialized field of study: \_\_\_\_\_

High School/GED

Name	Location	Years Completed	Year of Graduation

College

Name	Location	Major	Year of Graduation

Other

*Please Specify* \_\_\_\_\_



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## Employment

Provide information on your current or last employer below:

Position/Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company/Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## References

Please list three people who know you well and can attest to your character, skills and dependability. If you are a student, please include your major instrument or voice professor.

Name	Phone	Relationship	Years Known

Do you have a driver's license?  Yes  No Car Insurance?  Yes  No

Car available for transporting others?  Yes  No

**Misdemeanor or Felony Convictions:**  No  Yes *If yes, year committed and charges. Conviction of a crime is not an automatic disqualification for volunteer work.*

### SWAN requires the following 3 clearances for all volunteer applicants:

- PA Child Abuse History Clearance
- Federal Criminal History Background Check
- PA State Criminal History Background Check

Please attach a copy of these forms to this application or mail clearances to SWAN, PO Box 249 Lyndell, PA 19354. An applicant will not be accepted as a volunteer until all 3 clearances are received.

I give SWAN: Scaling Walls A Note at a Time permission to verify the credentials that I have presented, such as driver's license, DMV record and/or education degrees.

Signature of Applicant

Date