



Mission Cultural Center FOR LATINO ARTS
A Unique Cultural Experience!

Volunteer Application

Contact Information

| | |
|-------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Cell Phone | |
| Other Phone _____ | |
| E-Mail Address | |
| Are You Over 21? | |

Availability

During which hours are you available for volunteer assignments?

| <u>DAYS</u> | <u>TIME FRAME</u> | <u>DAYS</u> | <u>TIME FRAME</u> | <u>DAYS</u> | <u>TIME FRAME</u> |
|------------------------------------|-------------------|-----------------------------------|-------------------|---------------------------------|-------------------|
| <input type="checkbox"/> Monday | _____ | <input type="checkbox"/> Thursday | _____ | <input type="checkbox"/> Sunday | _____ |
| <input type="checkbox"/> Tuesday | _____ | <input type="checkbox"/> Friday | _____ | | |
| <input type="checkbox"/> Wednesday | _____ | <input type="checkbox"/> Saturday | _____ | | |

Interests

Please mark areas of interest.

| | | |
|---|---|--|
| <input type="checkbox"/> Theatre Technician Asst. | <input type="checkbox"/> Facilities/Maintenance | <input type="checkbox"/> Special Projects/Events |
| <input type="checkbox"/> Usher/Ticket | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Office/Clerical |
| <input type="checkbox"/> Mission Grafica/Printing | <input type="checkbox"/> Monthly Mailings | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Children/Youth Program | <input type="checkbox"/> Security/Front Desk | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

| |
|--|
| |
|--|

Person to Notify in Case of Emergency

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

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.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

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.

Thank you for completing this application form and for your interest in volunteering with us.