



# VOLUNTEER APPLICATION

Fax this completed form to 404.873.9907 OR mail to:  
Center for Puppetry Arts, ATTN: Volunteer Coordinator,  
1404 Spring Street NW, Atlanta, GA 30309

You may also bring it in and leave it with the ticket office staff. If you have questions after reading the volunteer information online, email: [volunteer@puppet.org](mailto:volunteer@puppet.org)  
Applications are processed periodically.

Date \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone where you prefer to be contacted \_\_\_\_\_ Day \_\_\_ Evening \_\_\_  
Email \_\_\_\_\_  
How did you hear about volunteering at the Center? \_\_\_\_\_  
Emergency contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please circle all that apply so we can utilize your time and skills effectively and ensure you enjoy your volunteer experience.

## PLANNING YOUR TIME

I prefer to volunteer the following day(s) and times: M\* T W Th F Sa Su Morning Afternoon Evening

*\*The Center is closed to the public on Mondays; office work only.*

When scheduling my hours I would like to: \_\_\_ Plan on a weekly basis \_\_\_ Plan well in advance  
\_\_\_ Consistent weekly schedule \_\_\_ Consistent monthly schedule \_\_\_ Be notified of opportunities as they come available

## PLANNING YOUR ACTIVITIES *I would prefer to work in the following area(s):*

Museum Exhibits: \_\_\_ Museum docent \_\_\_ Help with exhibit installations  
Production: \_\_\_ House management Miscellaneous: \_\_\_ Birthday parties \_\_\_ Library  
Education: \_\_\_ Workshop prep \_\_\_ Help with children's create-a-puppet workshops  
Office assistance: \_\_\_ Paperwork (stuffing mailings, etc.) \_\_\_ Data entry  
I would prefer to work with \_\_\_ Children \_\_\_ Adults

## YOUR INTERESTS AND EXPERIENCE

Employer \_\_\_\_\_ Title \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Have you been convicted of a crime? \_\_\_ Y \_\_\_ N

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Do you have museum, library, ticket office or teaching experience? \_\_\_ Y \_\_\_ N

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Do you speak languages other than English? \_\_\_ Y \_\_\_ N

If yes, please list \_\_\_\_\_  
\_\_\_\_\_

Have you conducted tours for large groups? \_\_\_ Y \_\_\_ N

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

List any experience, special skills and interests that might enhance your experience at the Center \_\_\_\_\_  
\_\_\_\_\_

What would you like to gain from your experience at the Center? \_\_\_\_\_  
\_\_\_\_\_



## Volunteer Background Check Authorization

I hereby authorize the Center for Puppetry Arts to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

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FULL NAME (please print)

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ADDRESS

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CITY, STATE, ZIP CODE

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SEX

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RACE

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DATE OF BIRTH

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SOCIAL SECURITY NUMBER

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SIGNATURE

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FOR OFFICE USE ONLY:

Special employment provisions (check if applicable):

Employment with mentally disabled (Purpose code 'M')

Employment with elder care (Purpose code 'N')

Employment with children (Purpose code 'W')

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*This authorization is valid for 90 days from date of signature.*