



# Volunteer Application

## To volunteer for the Center for Puppetry Arts:

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.

If you have questions, call the Volunteer Office at **404.881.5108**.

Date \_\_\_\_\_ Name (Mr./Mrs./Miss/Dr.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone where you prefer to be contacted \_\_\_\_\_  Day  Evening

Email \_\_\_\_\_

Where did you hear about volunteering at the Center? \_\_\_\_\_

Person to contact in case of emergency:

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 would prefer to volunteer the following day(s): M\* T W TH F Sa Su At the following times†: Morning Afternoon Evening\*\*

\* The Center is closed on Mondays; office work only. † Most shifts are 3-4 hours. \*\* Periodic adult shows only; Wednesday-Saturday, 6:30-9:30pm; Sunday, 4-7pm.

When scheduling my hours I would like to: A. Plan on a weekly basis B. Plan well in advance C. Have the same schedule on a weekly basis  
D. Have the same schedule on a monthly basis E. Be notified of opportunities as they come available

### Planning your activities

I would prefer to work in the following area(s):

- A. Museum greeter/information desk
- B. Museum tour guide
- C. Evening concessions
- D. Birthday parties
- E. Library
- F. Office (stuffing mailings, etc.)
- G. Workshop prep
- H. Data entry
- I. Evening events

I would prefer to work with  Children  Adults

### Your interests and experience

Employer \_\_\_\_\_ Title \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

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

Do you speak any languages other than English?  Yes  No

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

Do you have Museum, library, ticket office or teaching experience?  Yes  No

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

Have you ever conducted tours for large groups of people?  Yes  No

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?

\_\_\_\_\_  
\_\_\_\_\_

## Thank you!



# Volunteer Consent Form

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.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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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.