



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

- | | | |
|---|--|---|
| <input type="checkbox"/> Music Instruction <u>specify: instrument(s), vocal, group, private</u> | <input type="checkbox"/> Event Setup & Help | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Videography/ Photography | <input type="checkbox"/> Social Impact Study | <input type="checkbox"/> Social Media/Publication |
| <input type="checkbox"/> Distribution of Event Materials | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other _____ |



Volunteer Application

What do you want to gain from this volunteer experience?

Skills & Qualifications

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

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

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?

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

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

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
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☐ College

Name	Location	Major	Year of Graduation
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☐ 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
Name	Phone	Relationship	Years Known
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