

VOLUNTEER APPLICATION

Date _____

PERSONAL INFO

Name _____

E-mail _____

Address _____ City _____

State _____ ZIP _____ Home Phone (____) _____ Cell (____) _____

Work Phone, if employed (____) _____

Emergency Contact: Name _____ Phone (____) _____

Contact's Relationship to You: _____

Skills and Talents _____

Languages (other than English) _____

Have you ever been convicted of a crime or felony or violent crime? Y / N If yes, please explain _____

Do you have any disabilities that may interfere with the volunteer job you have indicated an interest in? (Please read descriptions of the various jobs) Y / N If yes, please explain _____

Are you a Member of Symphony Space? _____

How did you hear about Symphony Space? _____

Why would you like to become a volunteer? _____

EMPLOYER/SCHOOL INFORMATION (please attach a resume if you have one)

Occupation _____ Employer/School _____

If you are a college student, what is your major _____? High school students, please check here ___

COMMUNITY CONNECTIONS

Symphony Space reaches out to groups who may be interested in volunteering, attending events, or funding our programs. You can support these efforts by providing the following information. Your response is optional.

Are you a member of any of the following groups? (Please identify.)

Alumni Associations _____

Clubs _____

Community-based Organizations _____

Religious Organizations _____

Schools _____

Other _____

INTERESTS

In which of the following ways would you like to volunteer? (Please check all that apply). Please be sure to read the descriptions.

CAMP ASSISTANT

Thalia Kids' Book Club Camp

Shift(s) of interest: 8:15 am – noon _____ noon-3 pm _____ noon-6 pm _____

USHERING

Are you available weekday nights _____ weekday daytime _____ weekend daytime _____ weekend evenings _____

Have you ushered before _____

ADMIN / DEVELOPMENT

Help with mailings (regular monthly mailing and/or special project mailings) _____

Data Entry ___ Are you familiar with Microsoft Office ___ Access ___ Any other programs _____

Your availability: _____

FACILITY

Your availability _____

Skills/Interests _____

PHOTOGRAPHY/VIDEOGRAPHY

Please provide a link to your online portfolio. If an online portfolio is not available, do you have work that you can bring in to show our Marketing Director _____

MARKETING

Social networking: _____ Group Sales: _____ Archiving: _____ Your availability _____

BUSINESS ADMINISTRATION – TOURING and MERCHANDISING

Your availability _____

MEMBERSHIP

Are you available weekday nights _____ weekday daytime _____ weekend daytime _____ weekend evenings _____ Could you be available for Saturday 11 am Family shows _____

Please use this space for any questions or notes for us _____

Thank you! We appreciate your interest in becoming a volunteer. You will receive a response about volunteering in at least two weeks upon receipt of your application.

Please fax, email, or mail the completed application to:

Symphony Space

Attn: Peg Wreen, Managing Director

2537 Broadway

New York, NY 10025

Fax: 212.932.3228

peg.wreen@symphonyspace.org