



Fine Arts Center

COLORADO SPRINGS

30 West Dale Street, Colorado Springs, CO 80903 719-634-5581 www.csfineartscenter.org

VOLUNTEER APPLICATION

Date _____

Are you a FAC Member? ____ Yes ____ No

Contact Information:

Name: _____

Address: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____ Contact preference: email ____ phone ____

Areas of Interest: (circle your interests)

Gen. Office Work	Docent Program	Marketing/Communications	Usher
Visitor Services	Backstage	Art School	Theater (various events)
Membership	Special Events	Special Projects	1 st Thursdays

Availability:

Start date: _____ Total hours you'd like to work per week/month: _____

All Day: _____ Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun

Morning (9am-noon): _____ Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun

Afternoon (1pm-5pm): _____ Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun

Evening (5pm-9pm): _____ Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun

Special Skills/Certifications:

Community/Club Affiliations:

How did you hear about our volunteer program? Why do you want to volunteer at the FAC?

Volunteer Experience:

Organization _____ Assignment _____

Organization _____ Assignment _____

Organization _____ Assignment _____

Work Experience: (or attach resume)

Education:

School _____ Degree _____ Major _____

School _____ Degree _____ Major _____

Emergency Contact:

Name _____ Phone # _____ Relationship _____

References:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Have you ever been convicted of a felony? No ___ Yes ___ Explain: _____

Have you ever been convicted of a misdemeanor within the past 3 years? No ___ Yes ___

Explain: _____

Have you ever been refused participation in any other volunteer program? No ___ Yes ___

Explain: _____

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, FAC may end the relationship if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to FAC to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history. I understand and agree that, if appointed, my position is conditional upon the FAC receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the FAC, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.

Signature of Applicant

Date

Thank you for your interest in volunteering at the Colorado Springs Fine Arts Center!