



TRAIN THE TALENT
DIMINISH THE DISABILITY

121 South Citron Street
Anaheim, California 92805
f 714.778.0345
† 714.778.4440

VOLUNTEER PROGRAM APPLICATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Best Time/Days to be reached: _____

Email: _____

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How did you hear about HOPE Center for the Arts?

HOPE Website Online Search One OC Other: _____

HOPE Artists (student)/Staff

- If yes, whom _____

School/University

- If yes, if so which one _____

When are you available to volunteer? (Program Hours at Mon-Fri 8:30a.m.-2:30p.m.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Times Available						

How frequently are you available to volunteer?

Weekly Monthly As Needed Other: _____

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What type of volunteer tasks are you interested in? (Check all that apply)

Direct Work with Artists:

Class Assistant: Academics Life Skills Visual Arts
 Handcrafts Physical Fitness Music

Non-Class tasks: Lunch Assistant Event Rehearsals Field Trip Chaperone

Office/Professional/Other Duties:

- Office Assistance Marketing/PR Fundraising/In-Kind Donations
- Grant Writing Computer Support Art Framing
- Archivist/Scrapbooking Bookkeeping Recycling Program

Special Events/Performances:

- Event Prep Publicity Greeter/Usher Registration Table
- Photographer Videographer Set-up/Take down Backstage assistant

Have you ever worked with individuals with an intellectual disability?

What motivated you to seek out the opportunity to volunteer at HOPE?

Please list any special skills, training or experience that you would be willing to share at HOPE? (i.e. photography, marketing, sewing, etc.)

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Emergency Contact Information

Name _____ Phone _____

Relationship _____

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Are you willing to complete a background check and fingerprinting?

Required for direct work with HOPE Center for the Arts artists Yes No

Confidentiality Agreement

It is understood and agreed to that certain information regarding the HOPE Center for the Arts individuals must be kept confidential to respect and protect their identities. Please refrain from disclosing personal information, such as full names, diagnosis, personal history and current addresses of the individuals as well as any photography or sound recordings to anyone that is not directly affiliated with HOPE Center for the Arts unless prior permission is granted.

I, _____, have read, understand and voluntarily accept this agreement.

Signature: _____ Date: _____