



Volunteer Application

Thank you for your interest in volunteering with Art2Remember!

Art2Remember's mission is to enhance the lives of caregivers and their loved ones living with dementia through creative arts experiences, and to promote the value of arts programming in dementia care. We use artistic expression to help unlock creativity, improve self-esteem, create new memories, and strengthen relationships.

All volunteer applications are reviewed with consideration of current volunteer opportunities. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details

Name: _____ DOB: ____/____/____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) ____-____ E-Mail: _____

Emergency contact:

Name: _____ Relationship: _____

Home: (____) ____-____ Work: (____) ____-____ Cell: (____) ____-____

Are you at least 18 years of age? Yes No

Equal Opportunities

Art2Remember is committed to equal opportunities, and all volunteer recruitment decisions will be based on merit, suitability for the role, and experience. All volunteer recruitment decisions will not be influenced by race, color, nationality, religion, sex, marital status, family status, sexual orientation, disability, or age. Art2Remember fully endorses a working environment free from discrimination and harassment.

Art2Remember is committed to standards of excellence in Vulnerable Adult Protection practices. If your volunteer role involves direct contact with vulnerable adults, you will be required to complete a background check which will be processed and paid for by Art2Remember. In the meantime, please complete the question below.

Have you ever been convicted (found guilty) of a crime or are there any pending criminal charges awaiting a hearing in a court of law? Do include any criminal charges for which records have been expunged. Yes No

If yes, please provide details below and on back if you need more room:

Name: _____

Your Skills and Interests

1. Have you ever done any voluntary work before? Yes No

If you answered yes, please tell us about the organization, your position and responsibilities.

2. What attracted you to this program? What has motivated you to get in touch with us?

3. What would you hope to gain from your volunteer experience/internship?

4. What interests, skills, or qualities do you have that may be relevant to the position?

5. When are you available to volunteer? Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

6. How long do you intend to volunteer for?

One time: 1-3 months: More than 3 months: On-call:

7. Anything else that you would like us to know about you?

8. How did you find out about volunteering with Art2Remember?

- Information / Outreach meeting
- Art2Remember Website
- Friend
- Internet www. _____
- Other _____

Name: _____

References

Please list two people other than relatives to serve as personal references:

1. Name: _____ Relationship: _____

Phone: (____) _____ - _____ E-Mail: _____

2. Name: _____ Relationship: _____

Phone: (____) _____ - _____ E-Mail: _____

If you have any questions when completing this application, please email us at volunteer@Art2Remember.org. For more information about Art2Remember, please log onto our website: www.Art2Remember.org

I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the Art2Remember from any liability whatsoever for supplying such information. I understand that I must be at least 18 years of age to volunteer with Art2Remember. Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which applied.

Signature: _____ **Date:** _____

Printed Name: _____

For Office Use Only

Volunteer Position: _____

Volunteer Interviewed on _____

Volunteer Role Description sent

References Collected

Parental Consent (if applicable)

Copy of DL & Auto Insurance Collected (if applicable)

Volunteer Start Date: _____

Notes