

VOLUNTEER APPLICATION

Name	Date		
Home Phone	Cell I	Phone	
Email			
Age (check one) \Box 8-1	7* 🗆 18-24 🗆 25-39 🗆 40-55	\Box 55 and up	
*Children are eligible to Guardians must sign volu		mpanied or supervised by an adult.	
Emergency Contact			
Home Phone	Cell Phone		
	w many volunteer hours – daily, v	weekly, or monthly?	
Day	Hours Available	Notes	
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

Volunteer Application Revised 7/2017



1501Glasstown Rd. Millville, NJ 08332-1566 www.wheatonarts.org 800.998.4552 856.825.6800 Fax: 856.825.2410

Do you have any experience/skills in the following categories? Please check all that apply.

Experience/Skill	Summary of experience	Level of proficiency
□ Teaching/education		
□ Public speaking		
□ Glassblowing, ceramics,		
other art/craft		
□ Clerical/Administrative		
□ Maintenance		
□ Customer service		
□ Gardening/weeding		
□ Event planning		
□ Fundraising		
□ Database entry		
□ Volunteering		
□ Other		

Do you have a current or past occupation?

If currently employed, are you working full-time, part-time, per diem?

Please attach an employment and education history sheet or resume and submit with your completed application.

Are you willing to submit to a background check? \Box Yes \Box No

Please provide three personal references.

Name	Contact number	Relationship?
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Why are you interested in volunteering at WheatonArts?

What are your greatest strengths and weaknesses?

Which volunteer role is most interesting to you?

- □ Administrative Assistant
- □ Artist Demonstrator/Narrator
- □ Community Outreach Assistant
- □ Education Assistant
- □ Facilities Assistant
- Museum Assistant
- □ Social Media Coordinator
- □ Special Event Assistant
- □ WheatonArts Community Ambassador
- □ WheatonArts *Thank Tank*

Which volunteer role is the least appealing to you?

How did you hear about the WheatonArts volunteer program?

What do you hope to gain from this experience?



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Volunteer Agreement

I, _____, certify that the information provided in this application is correct and complete to the best of my knowledge. I understand that my participation with WheatonArts is completely voluntary and either I or the organization can terminate this agreement at any time.

Signature

Date

Signature of guardian (if under 18)

Date

Signature of WheatonArts Representative

Date