



Volunteer Application Form

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell/work phone \_\_\_\_\_

Have you been convicted of a crime in the past five years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain: \_\_\_\_\_

Are you a student? \_\_\_\_\_ Yes \_\_\_\_\_ No      Date of Birth: \_\_\_\_\_

What school do you attend? \_\_\_\_\_

What grade or year are you in? \_\_\_\_\_

Have you done volunteer work at another non-profit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where and what did you do? \_\_\_\_\_

What type of work would you like to do here? \_\_\_\_\_

List any hobbies, talents, or interests: \_\_\_\_\_

What skills, training, or knowledge do you wish to utilize here? \_\_\_\_\_

Why do you want to volunteer here? \_\_\_\_\_

Where did you hear about the Rogue Gallery & Art Center? \_\_\_\_\_

When are you available to volunteer? Please be as specific as possible.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

For how long will you be able to volunteer? \_\_\_\_\_

If you have a disability, what accommodation would you need to do this volunteer position? \_\_\_\_\_

What training, resources, or support do you anticipate needing to do this volunteer work? \_\_\_\_\_

Please provide 3 personal or professional references:

Name	Phone number	Relationship
	( ) -	
	( ) -	
	( ) -	

I hereby attest that this information is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

**\*\* If you are chosen for volunteer work, please complete the following \*\***

In case of emergency, please contact:

Name: \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

Medical information we should be aware of in case of emergency (allergies, special medications, &/or conditions): \_\_\_\_\_

Mail to or Drop off at:  
Rogue Gallery & Art Center  
40 S. Bartlett Street  
Medford, OR 97501