

CITYDANCE ENSEMBLE

Volunteer Candidate Information

All fields are required to be filled out accurately prior to becoming a CityDance Ensemble volunteer. Incomplete applications will not be processed. Information obtained will be kept confidential by CityDance Ensemble.

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: (____)____-____ Cell Phone: (____)____-____

E-mail Address: _____ Date of Birth: ____/____/____

Current Employer: _____ Position: _____

Work Address: _____
Street City State Zip

Work Phone: (____)____-____ Dates of Employment: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
Daytime Phone: (____)____-____ Evening Phone: (____)____-____

EDUCATION INFORMATION

Highest Level of Education Complete:
___ High School ___ Some College ___ College ___ Graduate School
___ Professional School

If applicable, please list the school that you are presently attending and your current year:

University Year

I need volunteer hours for school/college credit: _____ If yes, how many? _____

HEALTH INFORMATION

Is there any health reason that might limit your ability to volunteer? ___ Yes ___ No

If yes, please describe:

VOLUNTEER INFORMATION

Please specify with which department(s) you are interested in volunteering. Please reference our “Get Involved” page at www.citydance.net for details.

- | | | |
|---|--|---|
| <input type="checkbox"/> Artistic Director’s Office | <input type="checkbox"/> Executive Director’s Office | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Development | <input type="checkbox"/> Finance | <input type="checkbox"/> Operations |
| <input type="checkbox"/> In-Studio | <input type="checkbox"/> Outreach | <input type="checkbox"/> Special Events |

Please indicate the day(s) and shift(s) that you would be available to volunteer.

- | | |
|--|---|
| Monday: <input type="checkbox"/> AM <input type="checkbox"/> PM | Thursday: <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Tuesday: <input type="checkbox"/> AM <input type="checkbox"/> PM | Friday: <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Wednesday: <input type="checkbox"/> AM <input type="checkbox"/> PM | <i>*AM times are 10am-2pm; pm times are 2pm-6pm</i> |

I am available/interested in supporting CityDance at special events. Yes No
 I am available/interested in assisting with special projects such as mailings or office work.
 Yes No

Date that you are available to start volunteering with CityDance: _____

How did you first learn of CityDance’s Volunteer Program?
 Another Volunteer Website Employee Other...please explain:

Please describe why you are interested in volunteering with CityDance.

EXPERIENCE

Please list any relevant course work, training, experiences or skills:

Please list your current and past volunteer roles with locations. If you prefer, you may attach your current resume.

Please list any other ways that you or your employer could support CityDance (e.g. “recruiting volunteers, fundraising, PR, in-kind goods or services, contacts, talents to share, activities to lead):

REFERENCES

Please list three references of three people who have known you for more than two years.

Name: _____ Relationship: _____
Telephone: (____) _____

Name: _____ Relationship: _____
Telephone: (____) _____

Name: _____ Relationship: _____
Telephone: (____) _____

CityDance Ensemble reserves the right to conduct state and federal background checks.

Have you ever been arrested for conducting or attempting to conduct a sexual offense?
_____ Yes _____ No

If yes, please list the date(s) of the arrest(s) and any facts and circumstances surrounding the arrest(s). Being arrested does not automatically exclude you from consideration. If you meet the requirements, you will be able to explain the circumstances of your arrest. If you are subsequently arrested for conducting or attempting to conduct a sexual offense during the course of your volunteer services, you must immediately notify CityDance Ensemble.

Have you ever been convicted, plead no contest, or plead guilty to a felony or misdemeanor?
_____ Yes _____ No

Volunteer Privacy Information and Release Authorization

Please read the following carefully.

Application information

I certify that all information in this application is true and complete.

I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

References

I understand that CityDance may contact any of the above listed people in order to evaluate my qualifications for volunteer service.

I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, emotional background and, if applicable, driving history.

Background investigation

I understand, in consideration of my application, a background investigation will be conducted.

I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, performance of medical examinations, or reference verification.

I authorize CityDance Ensemble to conduct the background investigation and release CityDance Ensemble from responsibility for this investigation.

I understand the requested information is for the sole purpose of gathering accurate information for volunteer services with CityDance Ensemble.

By my signature, I acknowledge that I have read and understood the above and consent to these statements.

Applicant Signature

Date