



Volunteer Information /Application Form

Name: _____ Date of Birth: (minimum age 14) _____

Address _____

City State Zip

Phone: _____ Email _____

Home Cell

Student Volunteer: _____ Yes _____ No If yes, name of School _____

Emergency Contacts:

Name _____ Relationship _____ Phone/Cell _____

Name _____ Relationship _____ Phone/Cell _____

Do you have any special health issues / allergies that we would need to know about in case of an emergency?

Please check the type(s) of volunteer work you would like to do at the center:

____ Kennectors
Assist with creation & distribution of promotional materials

____ Art Aides
Assist teachers/students in art classes

____ Lewis League
Monitor gallery, welcome visitors and assist customers in the gift shop on Saturdays

____ Administrative Artisans
Assist with mailings, database entry, answering phones & other clerical duties

____ Helping Hands
Assist at special events (set-up, refreshments, lead activities, etc.)

____ Keepers of the Mansion
Assist with cleaning, yard work or building tasks

Please check off the days and hours you are available to volunteer:

Monday: ___ Morning ___ Afternoon ___ Evening Tuesday: ___ Morning ___ Afternoon ___ Evening

Wednesday: ___ Morning ___ Afternoon ___ Evening Thursday: ___ Morning ___ Afternoon ___ Evening

Friday: ___ Morning ___ Afternoon ___ Evening Saturday: ___ Morning ___ Afternoon ___ Evening

Please check any special skills / experiences you have that may be beneficial to the Art Center:

- | | | |
|---|---|---|
| <input type="checkbox"/> Book keeping | <input type="checkbox"/> Teaching – children/adults | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Computer skills | <input type="checkbox"/> Graphic design | <input type="checkbox"/> Marketing / Public Relations |
| <input type="checkbox"/> Cooking / Catering | <input type="checkbox"/> Fundraising / Special events | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> Retail experience | <input type="checkbox"/> Landscaping / Gardening |

Please list any previous volunteer experiences (if applicable):

Why do you want to volunteer for the Kennedy Heights Arts Center?

Have you ever been charged with or convicted of a crime?* Yes No

If yes, please explain:

*Adult volunteers working in children's programs are required to get a criminal background check.

Agreement

I hereby release and hold harmless the Kennedy Heights Arts Center and its employees from any and all liability for any injuries, loss or other claims arising out of this program.

Date: _____ Volunteer Signature _____

Parent / Guardian Signature _____

**Please return this form to:
Kennedy Heights Arts Center
6546 Montgomery Road
Cincinnati, OH 45213
info@kennedyarts.org
513-631-4278**