



Date \_\_\_\_\_

## Volunteer Application Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

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

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (under 18)

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

What type of volunteer position(s) interests you? Here are some ideas, but there are many other opportunities awaiting you:

Center Information Desk

Office Assistant

Friday Nights Concert Check-in

Assist in Special Events

Librarian/Organizer

Schooner

Help in Children Programs

Aquarium

What do you wish to gain from your volunteer experience? (Answer on back please.)

What work experiences have you had which you feel could be beneficial to SoundWaters?

What is your availability? \_\_\_\_\_ Depends on day.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**PLEASE MAIL OR FAX TO SOUNDWATERS**

Parents Signature (under 18) \_\_\_\_\_