

Catherine's Orchestra for All Non-Student Volunteer Application

Date: _____

Contact Information:

Name: _____

Street Address: _____

City, St, Zip Code: _____

Home/Cell Phone #: _____

Are you over the age of 18? Yes No

Experience (Music or work related)

If Music (Please list instruments you are comfortable with):

Woodwinds **Specify:** _____

Brass **Specify:** _____

Percussion **Specify:** _____

Strings **Specify:** _____

Guard **Specify:** _____

List all instrument/Guard Experience (Years of experience, and are you qualified to teach):

Experience or Interests; you may select multiples:

Children and Youth: Yes No

Community Volunteer: Yes No

Administrative Services: Yes No

Instrument Instruction: Yes No

Building Maintenance: Yes No

Cleaning/Organizing: Yes No

Fundraising: Yes No

Spokesperson: Yes No

Volunteer Leadership: Yes No

Youth Volunteering: Yes No

Other:

Qualifications:

Please list any qualifications you find relevant:

Have you worked as a volunteer before? If so, what did you do?

Why do you want to serve as volunteer for COFA? How do you hope to benefit?

Availability: (please send schedule in attachment if needed)

July - December

___: ___ to ___: ___ Monday	___: ___ to ___: ___ Friday
___: ___ to ___: ___ Tuesday	___: ___ to ___: ___ Saturday
___: ___ to ___: ___ Wednesday	___: ___ to ___: ___ Sunday
___: ___ to ___: ___ Thursday	

January – June

___: ___ to ___: ___ Monday	___: ___ to ___: ___ Friday
___: ___ to ___: ___ Tuesday	___: ___ to ___: ___ Saturday
___: ___ to ___: ___ Wednesday	___: ___ to ___: ___ Sunday
___: ___ to ___: ___ Thursday	

Are you able to travel within Middle TN? ____ Yes ____ No

If yes, do you have your own means of transportation? ____ Yes ____ No

When Driving is required:

1. Do you have a valid driver's license? ____ Yes ____ No
2. Do you have a valid Class 11/B license? ____ Yes ____ No
3. Do you possess a youth bus/school bus driver's certificate? ____ Yes ____ No

Certifications:

Are you certified in:

First Aid:	Yes	No	Pediatric CPR:	Yes	No
CPR:	Yes	No	Lifeguard:	Yes	No

Do you have any criminal convictions (Other than parking violations and juvenile offenses)?

_____ Yes _____ No If yes, this does not eliminate you as a volunteer, however, please indicate the type of conviction.

Person to Notify in Case of Emergency

Name: _____

Street Address: _____

City, St, Zip Code: _____

Home/Cell Phone: _____

Work Phone: _____

E-Mail Address: _____

Our Policy:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal

Signature: _____ **Date:** _____