Angels Gate Cultural Center

VOLUNTEER APPLICATION

Thank you for your interest in volunteering at Angels Gate Cultural Center!

To join our volunteer service program, complete this application and return to:

Angels Gate Cultural Center
3601 South Gaffey Street, Box 1
San Pedro, Ca 90731
delora@angelsgateart.org

The Volunteer Service Contract must be completed and returned as part of the application. When your completed application has been received, we will contact your references and notify you when your application has been approved. If you are a high school or college student volunteer, work can be credited for class time. Contact Volunteer Coordinator, Delora Bertsch, by email at delora@angelsgateart.org if you have any questions during the application process.

All information is kept confidential.

Application Date:_____

Name:_____

Email:_____

Street Address:_____

_____

Home Phone:_____ Cell Phone: _____

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EDUCATIONAL BACKGROUND

High school diploma or GED? (circle one) Yes No

Name of college/university, if attended: _____
Currently enrolled? (circle one) Yes No
Number of years attended: _____
Degree:_____
Year received_____

Graduate Studies:
Name of college/university, if attended: _____
Currently enrolled? (circle one) Yes No
Number of years attended: _____
Degree:_____
Year received_____

PROFESSIONAL BACKGROUND

Current occupation and employer (name, address, phone, email) _____

_____

If retired, former occupation(s)_____

PREVIOUS VOLUNTEER EXPERIENCE

Please list the name of the organizations and phone numbers, type of volunteer service provided, and dates of service.

1. _____

2. _____

3. _____

4. _____

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VOLUNTEER INTEREST

Is there a particular type of vounteer work that interests you? (check all that apply)

- ❑ Visual Arts:
  - Assist the Visual Arts Director in developing programming
  - Social networking promotion
  - Publicity for gallery programming
  - Gallery Preparation: patching walls, painting, handling of power tools, install of artwork for new exhibitions in gallery

- ❑ Development:
  - Assist the Director of Development in researching and applying for grants
  - Solicit new donations
  - Maintain relationships with donors
  - Assist in fundraising
  - Assist in corporate sponsorship

- ❑ Education:
  - Assist the Education Director in managing the Artist-in-Classroom program
  - Assist in administrating the Community Class program

- ❑ Events Planning:
  - Help with planning and organizing events such as poetry workshops, music festivals, and film screenings
  - Hospitality: helping set up/take down refreshments and decorations for all special events, performances and opening receptions.
  - Publicity for event programming

- ❑ Office duties:
  - Database management and filing
  - Maintain bulletin boards on-site
  - Receptionist duties (answering phones etc.)
  - Publicity/marketing
  - Graphic design work

- ❑ Landscaping: beautifying the garden/landscape areas

Do you speak a foreign language? (circle one) Yes No If yes, please specify_____
American Sign Language? (circle one) Yes No

Why are you interested in volunteering at Angels Gate Cultural Center? _____

How did you hear about our volunteer program?_____

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REFERENCES

Please list *two people* **not related to you** who can provide a professional reference. If possible, please include a current or former employer or someone for whom you have volunteered.

1. Name:_____ Relationship to you:_____

   Daytime Phone:_____ Alternative Phone:_____

2. Name:_____ Relationship to you:_____

   Daytime Phone:_____ Alternative Phone:_____

Please note any medical conditions of which we, or emergency personnel should be aware. *This information is only used in the event you require assistance.*

People to contact in case of emergency:

1. Name:_____ Relationship to you:_____

   Full address_____

   _____

   Home Phone:_____ Cell Phone: _____

2. Name:_____ Relationship to you:_____

   Full address_____

   _____

   Home Phone:_____ Cell Phone: _____

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Where did you hear about volunteering at Angels Gate Cultural Center?

____A friend
____AGCC Staff member or volunteer
____Parents or other family member
____Website
____Other (Please list:_____)

Have you ever been convicted of a felony?
(circle one) Yes No

If yes, please explain.

_____

Please note the days of the week and the times you may be available to volunteer.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Shift 1 10am – 1pm							
Shift 2 1pm – 5pm							
Shift 3 5pm – 9pm/or later.							

Volunteer Coordinator's notes:
Do not write in this box

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VOLUNTEER CONTRACT

The agreement between Angels Gate Cultural Center (AGCC) and _____, is as follows.

THE VOLUNTEER AGREES TO THE FOLLOWING:

1. To abide by all policies and procedures of AGCC, as outlined in the volunteer handbook.
2. To provide accurate and up-to-date information on all application materials.
3. To successfully complete volunteer orientation prior to service.
4. To set monthly schedule by agreement with the volunteer coordinator.
5. To arrive on time as scheduled, inform volunteer coordinator if you will be late or absent.
6. To complete all requied training for his/her particular volunteer position.
7. To log in volunteer hours on time sheets provided.
8. To turn in volunteer time sheets to volunteer coordinator at the end of each month.
9. To accept AGCC's right to dismiss any volunteer for poor attendance, conduct or attitude.
10. Treat other volunteers, program staff and clients with dignity and respect without regard to race, culture ethnicity, religion, sexual orientation, disability, gender or age.

THE ANGELS GATE CULTURAL CENTER AGREES TO THE FOLLOWING:

1. To provide professionally structured and well-managed volunteer program.
2. To provide orientation, on-the-job training, evaluation, and supervision for the volunteer.
3. To provide accurate record keeping of service and recogniton for that service.
4. To provide enrichment opportunities for volunteers in addition to regular training.
5. To allow for change of assignments as appropriate for both AGCC and the volunteer.
6. To provide each volunteer with a name tag and a copy of the volunteer handbook.
7. To provide responsible volunteers with a reference, if needed, for future employment or education.

PARENT'S PORTION (for applicants under 18 years of age)
I have read and understand this application and I give my child permission to be a volunteer at Angels Gate Cultural Center. I accept full responsibility for my child's participation in this program. I give permission for AGCC to transport my child to any and all activities and consent to emergency medical attention in the event I cannot be reached.

_____

Signature of Parent of Guardian Date

_____

Volunteer Date

_____

Volunteer Coordinator Date