

LEONARDO

L E A N G U E



THE DAYTON ART INSTITUTE

Volunteer Application

Section 1: General Information

Name (*first, middle, last*) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

(Only if we may call you at work)

Birth Date _____ E-mail Address _____

Current Employer _____

Position _____

Are you currently a Student? Yes No If yes, what school? _____ Year _____

Are you currently a member of The Dayton Art Institute? Yes No

(While membership is not required in order to volunteer, it is required to receive Leonardo League volunteer benefits)

Emergency Contact

Primary

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contingent

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

What or who is responsible for your interest in volunteer work at The Dayton Art Institute. Indicate by checking all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> A friend is a volunteer | <input type="checkbox"/> I was a DAI volunteer previously | <input type="checkbox"/> Newspaper ad |
| <input type="checkbox"/> Printed materials | <input type="checkbox"/> Staff at DAI | <input type="checkbox"/> DAI Membership application |
| <input type="checkbox"/> Web Site | <input type="checkbox"/> T.V. Coverage | <input type="checkbox"/> Employer's Incentive Program |
| <input type="checkbox"/> School requirement | <input type="checkbox"/> Other _____ | |

Section 2: Experience and Interest

1. Have you had any previous experience as a volunteer? If so, with what organization, and what kind of work did you do?

2. Why, at this particular time in your life, have you chosen to volunteer with us?

3. Please indicate any previous experience you have had in the following fields either in a professional or volunteer capacity. Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Art | <input type="checkbox"/> Building Maintenance |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Cashier | <input type="checkbox"/> Committee Chair |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Education | <input type="checkbox"/> Events Planning | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Gardening | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Library | <input type="checkbox"/> Management |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Military | <input type="checkbox"/> Office Work |
| <input type="checkbox"/> Phone Center/Phone Desk | <input type="checkbox"/> Scheduling | |
| <input type="checkbox"/> Other _____ | | |

4. Please check any of the volunteer assignments for which you would like to be considered.

- | | | |
|---|--|---|
| <input type="checkbox"/> ArtBall | <input type="checkbox"/> Just Jazz | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> General Office Work | <input type="checkbox"/> Membership Sales | <input type="checkbox"/> Phone Center/Phone Desk |
| <input type="checkbox"/> Museum Store Cashier | <input type="checkbox"/> Mailing Preparation | <input type="checkbox"/> Oktoberfest |
| <input type="checkbox"/> Special Exhibition Support | <input type="checkbox"/> Congressional Art Event | <input type="checkbox"/> Experientcenter |
| <input type="checkbox"/> Visitor Service Desk | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Volunteer Scheduling Service |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Member Preview Events | |

5. Can you speak a language other than English? Yes No

If yes, what language and how would you rate your fluency? _____

Days and Hours Available

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Comments:

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF VOLUNTEER OPPORTUNITIES, OR DISMISSAL FROM VOLUNTEER WORK REGARDLESS OF WHEN OR HOW DISCOVERED.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant's Signature

Date