

DANCING SPIRIT

CENTER FOR THE ARTS

IGNACIO, COLORADO

Volunteer Application

Personal Contact Information

Date: _____ Name: _____

Current Address: _____

Phone - Home: _____ Cell: _____

Email Address: _____

Emergency Contact Information

Name: _____ Relationship with Volunteer: _____

Current Address: _____

Phone: Home: _____ Cell: _____

Email Address: _____

Education: _____

Employment History (Current employer or previously retired from, if applicable)

Does your employer have an Employee Volunteer Incentive Program? Yes ___ No ___

Would you like us to keep your employer abreast of your volunteer service and achievement? Yes ___ No ___

Special training, skills, hobbies:

How did you learn about this program?