

VOLUNTEER & INTERNSHIP APPLICATION

Please print clearly using blue or black ink



The information on this application will help us construct the most satisfying and enjoyable volunteer experience for you.

1 Civic Center Circle · Brea, CA 92821
 (714) 990 – 7730
 www.breagallery.com
 breagallery@cityofbrea.net

Today's date: _____

PERSONAL INFORMATION

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ PHONE NUMBER (_____) _____

POSITION INTERESTS

How did you learn of the City of Brea Art Gallery? _____

Desired hours: _____ per day _____ per week _____ per month _____ no specific amount

Please indicate your availability:

Please circle one— are you interested in:

Internship or Volunteer Hours

Are you completing a program through your high school, or university? If **YES**, please list your school below:

Total hours needed? _____

Interests and experience: **(I)** = Interest **(E)** = Experience

- | | | |
|--|--|---|
| <input type="checkbox"/> Art History | <input type="checkbox"/> Editing | |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Photography | |
| <input type="checkbox"/> Tour Guide | <input type="checkbox"/> Graphic design | <input type="checkbox"/> Web design/maintenance |
| <input type="checkbox"/> Docent | <input type="checkbox"/> Photoshop | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Clerical work | <input type="checkbox"/> Advertising | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Marketing | <input type="checkbox"/> Painting/building |
| <input type="checkbox"/> Phone reception | <input type="checkbox"/> Retail | <input type="checkbox"/> Other |
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Art classes/workshops | |

If **OTHER**, please specify: _____

Do you speak any language other than English? NO YES

If **YES**, please specify language and capability level: _____

	HOURS AVAILABLE
MONDAY	GALLERY CLOSED
TUESDAY	GALLERY CLOSED
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

VOLUNTEER / WORK HISTORY

Do you have any prior volunteer or work experience? NO YES - Please begin with your most organization

Organization _____ City& State _____ Start date: _____
Position _____ Reason for leaving: _____ End date: _____
Services performed _____

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Position _____ Reason for leaving: _____ End date: _____
Services performed _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Personal Goals and Expectations

Summarize any goals and expectations you hope to fulfill from your volunteer experience.

Have you ever been convicted (or are currently out on bail or out on your recognizance pending trial) of a felony, or a misdemeanor other than a minor traffic violation? NO YES

If YES, please specify: _____

(A criminal record does not constitute an automatic bar for volunteer placement, but may be considered in terms of the volunteer work to be performed.)

VolunteerSignature: _____

Date: _____

Parent/GuardianSignature: _____

Date: _____

(Required if applicant is under 18 years old)

FOR OFFICE USE ONLY

Received By and Date: _____ Follow Up Letter Given? Mail/Email/In Person (circle one) Date: _____

Interview Scheduled? Y/N Date: _____ Notes: _____