



**The Altadena Arts Council, Incorporated**

Office: 4234 Aralia Road, Altadena, CA 91001

Mail: P.O. Box 6571, Altadena, CA 91103

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- A 501(c)(3) tax-exempt, not for profit organization -

**VOLUNTEER APPLICATION**

**Name:**

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**Address:**

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**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Current Occupation:**

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Is it necessary for you to limit your physical activity in anyway? Y / N – If yes, describe any special needs or requirements?

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Are you bilingual? \_\_\_\_\_ In what languages? \_\_\_\_\_

**EXPERIENCE/INTERESTS/SKILLS**

Please briefly describe your volunteer experiences and duties performed. Also, please indicate your areas of interest and skills.

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If you are under 18:

Age: \_\_\_\_\_

Are you currently a student? Y / N - If yes, school? \_\_\_\_\_

Grade Level: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

**AVAILABILITY:**

How many hours per month are you available? \_\_\_\_\_

What times are you available?

Mornings \_\_\_\_\_ Afternoon \_\_\_\_\_ Evenings \_\_\_\_\_

Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_

**RECEIVED BY:**

\_\_\_\_\_ Date: \_\_\_\_\_