

Date:	Birthdate:
Name(last):	(first):
Address:	
Phone:	Email:

Amount of time you can give: _____ Per week _____ Per month

Reason(s) for volunteering: _____

Is your volunteering activity connected with an organization? _____

Name of Organization: _____

Education:(highest level Attained):

___ Grammar School ___ High School ___ College ___ Graduate

Employment:

Employer: _____ Occupation: _____

Skills:

Please elaborate on your level of experience _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

I understand and certify that:

- The information given on this form is true and correct, and may be verified by contacting persons or organizations named in this application. I hereby release and agree to hold harmless from liability any person or organization that provides information
- I voluntarily offer my services with a clear understanding that there will be no monetary compensation or promise of future employment.
- I adhere to all Water Street Studios policies and procedures.
- I will readily accept training and supervision from Gallery/store staff.
- I will be courteous to all Gallery/Store visitors and staff.

If you have a current resume and would like to include it, we would welcome additional information.

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Applicant's signature and date:

If Under 18 years of age:

Parent or Guardians signature and date:

ART CLASSES STUDIOS
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STrEET
StUDIOS
GALLERY WORKSHOPS

Batavia Artists Association
at Water Street Studios
160 S. Water St.
Batavia, IL 60510
630.761.9977
waterstreetstudios.com