

# VOLUNTEER APPLICATION



## INTRODUCTION:

Thank you for your interest in volunteering at ESMoA! Use this form to begin your application.

ESMoA Staff will review all completed applications and follow up with candidates by email. Please note that applications are accepted on a rolling basis. Volunteers must attend a pre-scheduled training session as a condition of acceptance into the volunteer program.

Please return this application:

- via email to [volunteer@artlab21.org](mailto:volunteer@artlab21.org)

- via mail to Eugenia Torre, ESMoA, 208 Main Street, El Segundo CA 90245

## YOUR INFORMATION:

First Name:		Last Name:	
Address:			
City:		State:	Zip Code:
Home Phone:		Alt. Phone:	
Email:			
Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, how old are you? _____			

## PROFESSIONAL/EDUCATIONAL BACKGROUND:

Employer/School:	
Title/Position:	
Highest Level of Education:	

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## YOUR AVAILABILITY

Please note *8 hours a month* is the required minimum for an ESMoA volunteer

Monday	From:	To:
Tuesday	From:	To:
Wednesday	From:	To:
Thursday	From:	To:
Friday	From:	To:
Saturday	From:	To:
Sunday	From:	To:

How many hours do you hope to volunteer?

- Hours per week \_\_\_\_\_
- Hours per month \_\_\_\_\_
- Hours per Experience (ESMoA's shows/ 3 per year) \_\_\_\_\_
- Special Events only

## WHAT VOLUNTEER OPPORTUNITIES INTEREST YOU MOST?

Please check all that apply. Please note that some programs may require lifting 25lbs. or more and standing for extended periods.

- Schools & Teachers
- Family (e.g. PLAY, Family Days)
- Open hours as an Ambassador
- Special evening events/Public Programs
- Behind the scenes/administration tasks

## EMERGENCY CONTACTS

### FIRST CONTACT

First name:	Last name:
Phone:	Relationship to you:

### SECOND CONTACT

First name:	Last name:
Phone:	Relationship to you:

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## TELL US MORE ABOUT YOU

How did you hear about the ESMoA Volunteer Program?

Why do you want to be a volunteer at ESMoA?

What do you hope to get out of a volunteer experience at ESMoA?

Do you have any previous or current employment or volunteer experience that is relevant to your preferred volunteer placement?

Yes  No If yes, describe:

Do you have any allergies ESMoA should be aware of?

Yes  No If yes, describe:

What are your hobbies, clubs, associations or leisure activities?

What languages do you speak or write? (other than English, please include level of proficiency):

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## ADDITIONAL QUESTIONS

Some volunteer positions such as working with children and schools may require a background check. Do you give consent to this check?

Yes  No

Have you ever used or been known by any other name?

Yes  No If yes, describe:

Have you ever been convicted of a misdemeanor or felony?

Yes  No If yes, describe:

Have you ever been dismissed from any volunteer program?

Yes  No If yes, describe:

Volunteers interested in assisting with Family Programs will be additionally screened by an ESMoA Education Specialist during your initial interview.

## FAMILY PROGRAM VOLUNTEER ONLY QUESTIONS

Please describe your prior experience working with children and/or Family Audiences.

Why are you interested in working with Family Audiences at ESMoA?

Are you comfortable kneeling or sitting on the ground for 30 minutes or more?

Yes  No

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## YOUR SIGNATURE:

I, \_\_\_\_\_ wish to donate my services to ESMoA and understand there is no payment for services rendered under the volunteer program. I agree to abide by the rules, regulations and policies of ESMoA. I further understand confidentiality must be maintained concerning internal ESMoA information. I understand I am performing these volunteer activities at my own risk and agree to release ESMoA from any liability should I be injured through no fault of ESMoA while performing duties as a volunteer. I understand I am a volunteer and not an ESMoA employee and I am not covered by Workers Compensation.

ANY PERSON WHO GIVES FALSE INFORMATION WILL BE SUBJECT TO IMMEDIATE DISMISSAL FROM THE VOLUNTEER PROGRAM.

Signature:

Date:

Print Name:

Parent Signature:  
(if applicant is a minor)

Date:

Print Name:

Thank you for your interest in the ESMoA Volunteer Program! ESMoA Volunteer Coordinator will follow up with you by email to arrange your initial interview.