



### VOLUNTEER APPLICATION

Last:	First:	Middle Initial:
Street Address:		Apt/Unit #:
City:	State:	ZIP:
Phone:	E-mail:	
Cell Phone:		

**What area of the Straz Center interests you (Check all that apply)?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accounting/Finance             | <input type="checkbox"/> Event Planning       | <input type="checkbox"/> Marketing               |
| <input type="checkbox"/> Box Office                     | <input type="checkbox"/> Facilities           | <input type="checkbox"/> Usher                   |
| <input type="checkbox"/> Catering/Food and Beverage     | <input type="checkbox"/> Human Resources      | <input type="checkbox"/> Web Design              |
| <input type="checkbox"/> Education (Patel Conservatory) | <input type="checkbox"/> Information Services | <input type="checkbox"/> Other (Please specify): |
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**What type of work would you like to do?**

- I will work in any capacity.
- I would like to work only in the areas selected.
  - Administrative work, including computer, bulk mailing, answering phones, filing
  - Customer Service
  - Docent/tour guide
  - Education/children's workshops
  - Maintenance and facilities (painting, HVAC, etc.)
  - Presentations/community outreach
  - Publications editing
  - Special events/fundraising
  - Usher
  - Web Design

**Do you like to work with children?**     Yes     No

**Do you have any special skills that you'd like to share with us? (Check all that apply)**

Completed forms should be submitted to [HRVolunteer@strazcenter.org](mailto:HRVolunteer@strazcenter.org) or to Human Resources, Straz Center, 1010 North W.C. MacInnes Place, Tampa, FL 33602.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accounting           | <input type="checkbox"/> Editing          | <input type="checkbox"/> Music                         |
| <input type="checkbox"/> Art                  | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Newsletter editing/production |
| <input type="checkbox"/> Bulk Mail            | <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Photography                   |
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Graphic design   | <input type="checkbox"/> Sewing                        |
| <input type="checkbox"/> Customer Service     | <input type="checkbox"/> Human Resources  | <input type="checkbox"/> Writing                       |

**What foreign languages do you speak and at what proficiency?** \_\_\_\_\_

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**What are your computer skills?**

- |   |  |
|---|--|
| <input type="checkbox"/> No computer skills | <input type="checkbox"/> Photoshop                     |
| <input type="checkbox"/> Access             | <input type="checkbox"/> HTML                          |
| <input type="checkbox"/> Word               | <input type="checkbox"/> Computer graphics             |
| <input type="checkbox"/> Excel              | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> PowerPoint         |  |

**Other relevant skills, educational background, and certifications:**

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**What is/was your profession?** \_\_\_\_\_

**Do you have any physical restrictions that would affect the type of volunteer work you may be assigned?**

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**Why do you want to volunteer at the Straz Center?**

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**Previous Volunteer Experience:**

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**What days are you available to volunteer?**

- |                  |                                  |                                    |                                  |
|------------------|----------------------------------|------------------------------------|----------------------------------|
| <b>Sunday</b>    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <b>Monday</b>    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <b>Tuesday</b>   | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <b>Wednesday</b> | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <b>Thursday</b>  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <b>Friday</b>    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <b>Saturday</b>  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

**What months are you available to volunteer?**

- |                                   |                                 |                                    |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> May    | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June   | <input type="checkbox"/> October   |
| <input type="checkbox"/> March    | <input type="checkbox"/> July   | <input type="checkbox"/> November  |
| <input type="checkbox"/> April    | <input type="checkbox"/> August | <input type="checkbox"/> December  |

**How much time would you like to donate each month?**

- Less than one full day
- Eight to 20 hours
- 20-40 hours
- More than 40 hours

**Emergency Contact Information:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Relationship \_\_\_\_\_