



VOLUNTEER APPLICATION FORM

Please fill out the form **completely**.

WE RESERVE THE RIGHT TO REFUSE AN APPLICANT.

Name: _____

Phone Number: _____ Email Address: _____

Home Address: _____

City, State Zip: _____

Employed By (If Employed): _____

Address: _____

Phone Number: _____

Brief description of work: _____

Education: High School ____; College____: Major_____ Degree_____

Other Schooling or Special Training_____

Interests or Hobbies_____

Would you be interested in helping with: *(check all that apply)*

Office duties (answering phones, conversing with families of clients, etc.)

Visiting and reporting on our outreach programs

Participation in classes and groups, assisting clients

Special Events

Can you help with education efforts by:

- Attending educational booths and distributing Tempo! information
- Meeting with community businesses and organizations

Can you help with advertising by: *(check all that apply)*

- Helping video/photo
- Writing advertising copy
- Finding donors for advertising space

Skills (be specific. i.e. database knowledge, marketing, videography, photography, catering, etc.)

Do you speak a foreign language? Yes No

If yes, which language _____

Do you drive? Yes No

Do you have regular access to a car? Yes No

Current community activities: _____

List current and previous volunteer work (list all previous volunteer work including brief description of duties and activities, dates of service.):

Are you willing to commit to one year of volunteer services? Yes No

What are your reasons for wanting to participate as a Tempo! volunteer?

Have you had any personal experience(s) involving individuals with special needs? Yes No

If so, please explain: _____

How did you learn of our program: _____

Have you ever been convicted of a crime other than a traffic violation?
 Yes No

If yes, what charge? _____ **Date convicted:** _____ **Where** _____

Do you have documentation of criminal background checks in your state?

Yes No If no, would you be willing to apply for this documentation? _____

Availability: Sun.____Mon.____Tues.____Wed.____Thurs.____Fri.____ Sat.____

Mornings: _____

Afternoons: _____

Evenings: _____

Which location? _____

Who or what prompted you to volunteer? _____

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

	Name	Address	Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Tempo! reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

By signing this application, I declare that all of the above information I have given is true and complete.

Applicant Signature

Date

**If you have any questions, please feel free to contact us at
(610) 344-7030 (PA) or (201) 207-1160(NJ).**

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

**Tempo! Music Therapy
7 North Five Points Road
West Chester, PA 19380**

**Tempo! Music Therapy
145 Vreeland Ave.
Nutley, NJ 7110**

Attn: Angela Guerriero