



Office Use Only	
Date Received:	
Supervisor Name/Code:	
Contact with Participants:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purpose & Overview:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Waiver:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confidentiality/Nondisclosure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Policies/Procedures:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Publicity Permission:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Background Information Disclosure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Registered:	Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

## Volunteer Application

Thank you for your interest in volunteering with VSA Wisconsin. In an effort to make the most of your experience with us, please take a few minutes to complete the following information.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Preferred Method of Communication: \_\_\_\_\_ Time of Day to Contact: \_\_\_\_\_

If a student, please list school name and program of study: \_\_\_\_\_

If an employee, please list company name: \_\_\_\_\_

**Please indicate the VSA Wisconsin experience/s that interests you. Check all that apply.**

### PROGRAM

### ADMINISTRATIVE/CLERICAL

<input type="checkbox"/>	<b>Classes</b> (in visual art, music, movement, drama, etc.)
<input type="checkbox"/>	<b>ArtSparks Workshops</b> (one day, 1-3 hours)
<input type="checkbox"/>	<b>Artist Residencies</b> (multiple sessions, several weeks duration)
<input type="checkbox"/>	<b>Choirs</b> (weekly or biweekly rehearsals and occasional public performances)
<input type="checkbox"/>	<b>Special Programs/Events</b> – Day-of Event Duties, interaction with public (VSA Day, Awards Ceremony, Art Fair on the Square)

<input type="checkbox"/>	<b>Office/Clerical</b> (filing, copying, data entry, organizing, etc.)
<input type="checkbox"/>	<b>Inventory</b> (art for sale, VSA products/merchandise)
<input type="checkbox"/>	<b>Special Events</b> – Pre Event Prep Duties, minimal public interaction (Steve Stricker Golf Outing, Awards Ceremony, Art Fair on the Square)
<input type="checkbox"/>	<b>Other:</b> _____
<input type="checkbox"/>	<b>Other:</b> _____

**Please answer the questions below based on your selection above.**

**Program Volunteers Only** (i.e. if you selected "Program" above, please complete the following)

1. Indicate the age group that interests you.

<input type="checkbox"/>	Early Childhood (birth to 5)	<input type="checkbox"/>	Adult (ages 19 – 69)
<input type="checkbox"/>	School-Age (Kindergarten – 12 <sup>th</sup> grade)	<input type="checkbox"/>	Seniors (ages 70 and up)

2. VSA Wisconsin offers programming in a variety of art disciplines. Indicate your area/s of interest.

<input type="checkbox"/>	Visual	<input type="checkbox"/>	Music
<input type="checkbox"/>	Movement/Dance	<input type="checkbox"/>	Drama
<input type="checkbox"/>	Creative Writing	<input type="checkbox"/>	Other: _____

3. Briefly describe your experience working in the following environments.

Pre-K environment	
K-12 school environment	
Community setting (i.e. adult day programs, youth camp)	

**Administrative/Clerical Volunteers Only** (i.e. if you selected "Administration/Clerical" above, please complete the following)

1. VSA Wisconsin has administrative opportunities in a variety of areas. Please indicate your comfort level in each area by putting a "0" (none), "1" (basic), "2" (advanced) in the boxes.

<input type="text"/>	Clerical/Filing	<input type="text"/>	Copying/collating	<input type="text"/>	Answering Phones
<input type="text"/>	Data entry	<input type="text"/>	Inventorying/Labeling	<input type="text"/>	Other: _____

2. VSA Wisconsin utilizes the following computer software. Please check those that apply.

<input type="checkbox"/>	Microsoft Word	<input type="checkbox"/>	Adobe InDesign	<input type="checkbox"/>	Non Profit Books or donor software
<input type="checkbox"/>	Microsoft Excel	<input type="checkbox"/>	Adobe Dreamweaver	<input type="checkbox"/>	Other: _____

**All interested volunteers must complete the section below**

1. Do you have experience working with individuals with disabilities?

Yes     No

If yes, please describe: \_\_\_\_\_

2. Please list current and previous volunteer work: \_\_\_\_\_

3. Indicate the best day/s and times for volunteering.

1<sup>st</sup> Choice Day and Time: \_\_\_\_\_ 2<sup>nd</sup> Choice Day and Time: \_\_\_\_\_

4. What type of volunteering are you interested in?

<input type="checkbox"/>	One time experience	<input type="checkbox"/>	Semester-long	<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Special Events Only	<input type="checkbox"/>	Other: _____

5. List any language skills that you have, other than English, and indicate your level of fluency.

\_\_\_\_\_

**Optional** - Additional information attached (i.e. resume)

**\*\*NOTE\*\*** Based on your volunteer placement and the assigned responsibilities/duties, a background check may be required.

**Publicity Permission**

In order to increase public awareness and financial support for VSA Wisconsin, we utilize still and moving images, quotes and other program documentation in funding reports, publicity materials, VSA Wisconsin's website and external media (including internet, print, television and radio). All documentation and communication used by VSA Wisconsin positively portrays the program activities with the utmost respect for the participants. VSA Wisconsin is not responsible should a third party violate the terms of this release.

**Yes**, I give permission to VSA Wisconsin to use my likeness, voice, picture and first name (along with information about the program, including site name and city) in print and electronic materials.

**Signature of Participant or Parent/Guardian (under 18 years):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**No**, I do not give my permission.

Please return to VSA Wisconsin:

1709 Aberg Ave. Suite 1, Madison, WI 53704-4207  
 Fax: 608-241-1982 or Email: [vsawis@vsawis.org](mailto:vsawis@vsawis.org)  
 Phone: 608-241-2131