NEIGHBORHOOD ART HOUSE
ADULT VOLUNTEER INFORMATION

PLEASE PRINT

Name____________________________________________ Date________________

Address____________________________________________

City/Zip________________ Phone_________________ Cell________________

E-mail______________________________________________

What experience do you have working with children? _____________________________________

___________________________________________________________

Are you interested in teaching or reading to the children or tutoring?___________________________

Are you doing this for required hours?___________? How many hours are needed?____________

For what purpose?_____________________________________________________________

Were you ever a participant in the Neighborhood Art House Program ______ Yes _____ No

Personal Reference: (a person from Erie County—a teacher, coach, clergy, etc.)

Name____________________________________________________________

Address____________________________________________________________

Phone_________________________ Organization____________________________

Relationship______________________________________________

We will need to check your reference before you can begin to volunteer.
We will call you when they are checked.

Form Updated March 1, 2015