

"Your slogan"

Thank you for volunteering to support *Heart Gallery Name*.

Please read this document carefully, filling in all blanks and mail to:

Heart Gallery Name Attn: Contact name

Address

Please keep a photocopy for your own records.

For questions call *Phone number* or email at *Email address*

Heart Gallery Name VOLUNTEER APPLICATION

Name: Home Phone: Address:	
Employment/Position:	
Phone: E-mail: Cell Phone: Date:	

- 1. How did you hear *Heart Gallery Name*?
- 2. In what areas of *Heart Gallery Name* would you consider volunteering your time/services? Circle all that apply.
 - √ fundraising
 - ✓ administrative
 - ✓ research
 - ✓ gallery calendar coordination
 - ✓ phone calls

✓ pri ✓ we ✓ acc ✓ leg ✓ tra	insportation ofessional photographer (separate application form)
3. So that w	ve can better match your talents, please describe your strengths:
Your weakn	nesses:
4. How muc	ch time per month do you anticipate volunteering with <i>Heart Gallery Name</i> ?
5. What day	ys of the week or times of the day would work best for you to volunteer for <i>Heart Gallery Name</i> ?
6. Are you v	willing to make a minimum of a six-month commitment to this volunteer effort?
7. Are you c	comfortable taking instruction/direction from another?
answer the	nteers for <i>Heart Gallery Name</i> may have direct contact with foster children and therefore must following questions) rovide two personal character references, with phone contact information.
	ny of your professional or personal activities have the potential to create a conflict of interest when g with <i>Heart Gallery Name</i> ?
If yes, how	would you resolve this conflict of interest?
10. All infor this?	mation you learn about specific foster children must be kept in strict confidence. Will you abide by
	olunteer positions will require a background check/fingerprint card. Do you already have a current State Agency?

If yes, please attach a copy of the card, front and back, to this application form.					
12. Do you have a criminal reconcountry? If yes, plea		y other state/municipality/foreign ss and dates.			
13. Is there anything else you w	ould like us to know abou	ut you?			
All information that I have provi		vo of this volunteer application are true and com	nplete.		
Heart Gallery Name STATEMENT OF NON-DISCLOSURE					
access to records on various medisclosure of which is prohibited intentional disclosure by me of and civil penalties imposed by laviolates <i>Heart Gallery Name</i> 's patermination of my employment,	dia which contain individed by either state or federa this information to any un aw. I further acknowledge olicy and, could constitute /affiliation/volunteer effo iately return to <i>Heart Gall</i>	unteer work with <i>Heart Gallery Name</i> , I may have dually identifiable information on foster childrengal law. I acknowledge that I fully understand that nauthorized individual could subject me to crimite that such willful or unauthorized disclosure also it is just cause for disciplinary action including ports regardless of whether criminal or civil penalulery Name any materials/media which contain	the t the inal		
Print Name	Signature	Date			

Thank you for your interest in Heart Gallery Name
Questions? Please call us at Phone number or email us at Email address
Please return this form to:

Name, address