



VOLUNTEER APPLICATION

On behalf of the Scottsdale Cultural Council, we welcome your contribution of time, talent and service . We look forward to working with you during the coming season on events and projects that are of particular interest to you. Please complete and return this form to the Volunteer Office: 7380 E. Second St, Scottsdale, AZ 85251

Please print

First Name	Last Name	Date
Street Address	City	State Zip
(____) _____	(____) _____	_____
Day Phone	Evening Phone	E-mail Address

Affiliation (school; corporation; organization): _____

Please prioritize the area of activity for which you wish to volunteer in order of importance, 1 being the most important. Attached is volunteer, which gives a description of the responsibilities of each assignment.

___ Box Office	___ Docent Program	___ Mailings	___ Special Events
___ Boards	___ Library	___ Office Assistant	___ Usher Program
___ Committees	___ Membership	___ Patron Services	Other _____

Please select the months that you are not available.

___ January	___ April	___ July	___ October
___ February	___ May	___ August	___ November
___ March	___ June	___ September	___ December

Summer Address

Street Address	City	State Zip
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Please (x) the time that you are available

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

I learned about the Volunteer Program through:

___ Direct Mailing	___ Our Website	___ Another Volunteer	___ Newspaper/Radio/TV	Other _____
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List References (Required):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

References Checked

Volunteer positions may require standing for long periods of time, lifting/carrying up to 20lbs., repetitive activities, giving directions in a noisy background and/or reading small print on tickets. As a volunteer, would you be able to perform tasks without restrictions? ___ Yes ___ No

If No, please explain: _____

Choose from the following list of experience/skills:

- ___ **Computers (typing, data entry)** ___ **General Office(phone calls, filling, etc.)** ___ **People Skills**
- ___ **Design** ___ **Library** ___ **Retail Sales**
- ___ **Development/Fundraising** ___ **Marketing/PR** **Previous Experience (Docent, Usher, etc)** _____

AGREEMENT, RELEASE and WAIVER OF LIABILITY

I agree to complete my volunteer assignment(s) to which I have been assigned. To the best of my knowledge, I am in good physical condition and have no sickness, disease or injury that would be aggravated by participation as a volunteer.

I hereby waive, release and forever discharge (on my own behalf and on behalf of my heirs and personal representatives) any and all rights of claims I may now or hereafter have against the Scottsdale Cultural Council and/or the City of Scottsdale.

I authorize the references provided to give you any and all information concerning my previous employment regarding any pertinent information they may have, personal or otherwise, and release all parties from any liability for damages that may result from furnishing the same to you.

I consent to all emergency medical treatment as may be deemed appropriate under existing circumstances by medical personnel as necessary.

Emergency Contact	Relationship	Day Phone	Evening Phone

I have read this form in its entirety and have provided accurate information. I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.

Printed Name of Volunteer	Signature of Volunteer	Date