



Volunteer Application Form for the 2023 Chautauqua Festival

Personal Contact Information

Date: _____ Name: _____

Current Address: _____

Phone - Home: _____ Cell: _____

Email Address: _____

Emergency Contact Information

Name: _____ Relationship with Volunteer: _____

Current Address: _____

Phone: Home: _____ Cell: _____

Email Address: _____

Education: _____

Employment History: (Current employer or previously retired from, if applicable)

Are you seeking community service hours? Yes ___ No ___

Special training, skills, hobbies:

Groups, clubs, organizational membership's

Do you have any medical and/or physical conditions that may prevent you from volunteering?

Have you ever been convicted of a crime? (If yes, please explain the nature of the crime and the date of the conviction and disposition) Conviction of a crime is not and automatic disqualification for volunteer work.



What dates and times are you able dedicate? (Please mark N/A if you are unavailable that day)

Saturday	June 17 th	Yes ___ No ___	Time _____
Sunday	June 18 th	Yes ___ No ___	Time _____
Monday	June 19 th	Yes ___ No ___	Time _____
Tuesday	June 20 th	Yes ___ No ___	Time _____
Wednesday	June 21 st	Yes ___ No ___	Time _____
Thursday	June 22 nd	Yes ___ No ___	Time _____
Friday	June 23 rd	Yes ___ No ___	Time _____
Saturday	June 24 th	Yes ___ No ___	Time _____
Sunday (Morning Clean Up)	June 25 th	Yes ___ No ___	Time _____

Do you foresee any changes in your availability?

What area of the festival are you interested in helping with the most:

References

Please list 3 people who know you well and can attest to your character, skills, and dependability on the next page.

Name/Organization	Relationship to You	Phone	Length of Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Practice Statement

We protect your personal information and adhere to all legislative requirements with respect to privacy. We do not rent, sell or trade or lists of volunteers. We use your personal information to keep informed and up to date activities of the organization and its specific programs including, but not limited to; opportunities to volunteer, upcoming events, educational opportunities, and seasonal greeting.

I give permission to verify the credentials that I have presented:

Signature: _____ Date: _____

Please read the following before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified. I understand that misrepresentations or omissions may cause for my immediate rejection as an applicant for a volunteer position or my termination as a volunteer.

Signature: _____ Date: _____

Please mail form to: Wythe Arts Council, PO BOX 911, Wytheville, VA 24382

OR

Email: wythevillefestival@yahoo.com

