

1. Volunteer Contact Information

Name			
Address			
Phone	Home:	Cell:	Work:
E-mail	Primary:		
	Secondary:		

2. Please indicate which volunteer jobs most appeal to you:

Program/Class Specific Tasks

<input type="checkbox"/>	Weekly program volunteer (greeting children, taking attendance etc.)
<input type="checkbox"/>	Transportation of students to/from classes.

Administration/Organizational Support

<input type="checkbox"/>	Accounting / financial planning	<input type="checkbox"/>	Grant writing
<input type="checkbox"/>	Bookkeeping	<input type="checkbox"/>	Legal services
<input type="checkbox"/>	Business advisor	<input type="checkbox"/>	Newsletter
<input type="checkbox"/>	Computer/database programming	<input type="checkbox"/>	Research / program evaluation
<input type="checkbox"/>	Data entry / word processing	<input type="checkbox"/>	Volunteer recruitment/coordination
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Web site development

Music/Performance

<input type="checkbox"/>	Performer/musician for fundraising events
<input type="checkbox"/>	Publicity
<input type="checkbox"/>	Concert program design
<input type="checkbox"/>	Usher / ticket taker
<input type="checkbox"/>	Piano tuning
<input type="checkbox"/>	Backstage co-ordination
<input type="checkbox"/>	Instrument maintenance (please specify instrument(s)) :
<input type="checkbox"/>	Instrument management
<input type="checkbox"/>	Music librarian

Communications/Marketing

<input type="checkbox"/>	Desktop publishing
<input type="checkbox"/>	Interpretation/translation (please name language(s)) :
<input type="checkbox"/>	Photography
<input type="checkbox"/>	Video production
<input type="checkbox"/>	Writing/editing
<input type="checkbox"/>	Graphic design

Special Event Support

<input type="checkbox"/>	Event coordination
<input type="checkbox"/>	Party host/hostess
<input type="checkbox"/>	Refreshments coordination
<input type="checkbox"/>	Set up / clean up
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Field trip aide

3. Please indicate your volunteering availabilities:

I am available to volunteer:

For _____ hours every	<input type="checkbox"/>	week	<input type="checkbox"/>	month
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Please specify the time(s) that you are available each day (e.g. Tuesday between 4pm and 6pm)

Day	Morning	Afternoon	Evening
<input type="checkbox"/> Monday			
<input type="checkbox"/> Tuesday			
<input type="checkbox"/> Wednesday			
<input type="checkbox"/> Thursday			
<input type="checkbox"/> Friday			
<input type="checkbox"/> Saturday			
<input type="checkbox"/> Sunday			
<input type="checkbox"/>	Please contact me on an occasional needs basis only.		

4. Have you completed a Police Records Check?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please indicate date of completion: (dd/mm/yyyy) _____ You will be asked to provide a copy of your police check.			

5. It would very useful to us if you would fill out the following supplementary information.

i) Tell us about yourself and what drew you to the Leading Note Foundation.

ii) What would you like to get from your volunteer experience?

iii) What special skill would you like to utilize as a volunteer?

iv) Describe a previous volunteer experience.

v) What experiences have you had in working with children?

vi) Are there any tasks that you do **not** want to do as a volunteer?

vii) Do you have any questions or concerns about being a volunteer?