



241 East Lancaster Avenue
Wynnewood, Pennsylvania 19096

(610) 642-9101
Fax: (610) 896-1586

info@centerforcreativeworks.org
www.centerforcreativeworks.org

Volunteer Application

Name: _____ Phone: _____

Address: _____ City: _____ State _____

Email address: _____

Occupation: _____ Employer or School: _____

Area(s) of Interest (Check all that apply)

Development/Support/Marketing _____

Administrative _____

Art Studio _____

Exhibition & Installation _____

Building Maintenance _____

Kitchen Support _____

Community Support _____

'Special Niche' (Proposal) _____

Special Events _____

Fundraising _____

Availability: (Check 1-2 options)

8am-11am: _____

9am-12pm: _____

10am-1pm: _____

11am-2pm: _____

12pm-3pm: _____

M _____ **T** _____ **W** _____ **R** _____ **F** _____

Start Date _____

1. Please describe your experience in the volunteer areas you selected above. If you selected 'Art Studio' please briefly describe your art background.

2. Is there anything else you would like to do as a volunteer?

3. Why are you interested in volunteering at Center for Creative Works? What do you hope to gain from this experience?

4. Please describe any previous experience you have had with people with developmental disabilities.

5. Please describe ANY volunteer experience you have had.

6. Please list two work—or school—related references. Please do not include personal friends.

Name(s) and email address:

1. _____

2. _____

(Please include most recent resume with your application)

Signature: _____ Date: _____