



Mailing address: P.O. Box 1721, Las Cruces, NM 88004

Physical address: 1740 Calle de Mercado, Mesilla, NM 575-523-6403 www.daarts.org

Dona Ana Arts Council has a policy of providing equal opportunities for all persons volunteering their services to DAAC. All qualified applications for volunteer will be recruited and assigned on the basis of merit without regard to race, color, religion, creed, national origin, age, disability, marital status, sexual orientation, or any other legally protected status.

VOLUNTEER APPLICATION – PLEASE PRINT

Name: Last _____ First _____ M.I. _____ Email address: _____

Address: Street _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____ (Circle preferred phone to call)

CURRENT STATUS

Are you currently employed? Yes ___ No ___ If employed, where? _____

May we contact your present employer? Yes _____ No _____

Supervisor's name: _____ Work Phone Number: _____

Are you currently a student? Yes ___ No ___ School/University _____

Current area of study of field of interest: _____

Where do you currently volunteer? _____

PREVIOUS EMPLOYMENT/ VOLUNTEER WORK

Employer: _____ Address: _____

Position: _____ Dates: _____ Phone Number: _____

Supervisor's name: _____ Work Phone Number: _____

Where have you previously volunteered? _____

SKILLS AND TALENTS

List your skills/talents (such as Clerical, Arts, Bookkeeping, Crafts, Language, Newsletters, etc.)

AREAS OF INTEREST

Check which of the following would be of interest to you for your volunteer work:

- ___ Renaissance ArtsFaire (1st Weekend in November) ___ Las Cruces Arts Fair (first of March)
- ___ Children’s Programs and Events ___ Arts & Cultural Center Gallery
- ___ Plein Air Competition/Arts Festival ___ Other: _____

REFERENCES (1 School or Business and 1 Personal)

- 1. Name: _____ Address: _____
Phone Number: _____ Email Address: _____
- 2. Name: _____ Address: _____
Phone Number: _____ Email Address: _____

EMERGENCY CONTACT PERSON(S)

- 1. Name: _____ Address: _____
Phone Number: _____ Email Address: _____
- 2. Name: _____ Address: _____
Phone Number: _____ Email Address: _____

AVAILABILITY

Please indicate when you are available to volunteer:

- Mornings: ___ Afternoons: ___ Evenings: ___ Weekdays: ___
- Weekends: ___ Special Events: ___ Hours Available: _____

(If you are under 18 years of age, a parent or guardian must sign this application.) As a parent/guardian, I hereby grant permission for my son/daughter to volunteer with Dona Ana Arts Council.

Signature of parent/guardian: _____ Phone number: _____

Printed Name: _____ Date: _____

Volunteers are subject to criminal background screening:

Have you ever been convicted of a crime? Yes ___ No ___

Driver’s License Number: _____ State: ___ Exp. Date: _____

Volunteer’s Pledge: I have provided true and correct information in this application. I agree to abide by the By-Laws, Policies and Procedures of Dona Ana Arts Council and to follow the instructions of the organizations duly elected and appointed officers insofar as those instructions pertain to the services I am to perform.

Signature of Volunteer Applicant: _____ Date: _____