



VOLUNTEER APPLICATION

PERSONAL INFORMATION (please complete all sections)

Name: _____ Date: _____
Last First Middle

Present Address: _____
No. & Street City State Zip

Temporary Address: _____
No. & Street City State Zip

Cell Phone _____ Other Phone _____

E-mail _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Last First Middle

Home Phone _____ Other Phone _____

Allergies, medical conditions, or medications we should be aware of in case of emergency:

GENERAL INFORMATION

Employer/former employer and position held: _____

If you are a student, list name of school and major: _____

Special skills (foreign languages, computers, public speaking, transcribing, legal, special events, etc.):

Have you worked/volunteered for the Foundation in the past? ____ Yes ____ No

If yes, when, and who was your supervisor? _____

Do you have friends or relatives currently working for the Foundation? ____ Yes ____ No

If yes please list name(s) and relationship: _____

Volunteer position applying for: _____

How did you hear about the position? _____

What interests you most about volunteering for the Foundation? _____



Please indicate hours you are available to volunteer:

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please indicate how often you are available to volunteer:

- Weekly
 Two times per month
 Monthly
 Special events
 Seasonal (list months)

REFERENCES: Please list two references, not related to you, including at least one professional reference.

Name	Address	Telephone number	Relationship	Years known

Have you ever been convicted of a criminal offense (felony or misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed) Yes No

If you have answered yes, please state the nature of the crime(s), when and where convicted, and disposition of the case. _____

Please keep in mind that this application is the first step in a selection process and not all applicants can be accepted into the Volunteer program. If accepted in the program you will be given a volunteer handbook with information pertinent to your volunteer responsibilities and volunteer incentives.

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 Wca d`YH hc h.Y VYgicZa m_bck `YX[Y"=i bXYfgUbx h.Y]bZcfa U]cb`k]`VY i gYX hc`dfcWggUb`Ya d`cma Ybh
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 a]gydfygYbU]cbja UXY`Vma Y`cb`h.gUdd]WU]cb`a UmfYg`h]b`a m]a`a YX]UHY`X]ga]ggU`"

Signature: _____ **Date:** _____

If under 18 years of age, your must have a legal guardian sign below:

Guardian name: _____ Signature: _____ Date: _____
 (Please Print)

Please return completed application to:

Frank Lloyd Wright Foundation
 Attn: Volunteer Coordinator, 12621 N Frank Lloyd Wright Blvd., Scottsdale, AZ 85259-2537
 Telephone: (480) 860-2700 Facsimile: (480) 451-8989 Email: volunteer@franklloydwright.org
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