Volunteer Application



| Contact Information | |
|--|---|
| | |
| Name | |
| Street Address | |
| City, State, Zip code | |
| Home Phone | |
| Cell Phone | |
| E-Mail Address | |
| Age (if under 21) | |
| Availability | |
| Availability | la fan valvuta an anaimmeanta O |
| During which hours are you availab | le for volunteer assignments? |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |
| Interests | |
| Tell us in which areas you are inter | ested in volunteering |
| • | |
| Administration | |
| Events & Concerts | |
| Fundraising | |
| Volunteer coordination | |
| Other (please describe): | |
| | |
| | |
| | |
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| | |
| | |
| Do you know someone who curre please list their name(s) below: | ntly performs, works or volunteers with the Bach Society of Saint Louis? If so, |

| Special Skills or Qualification | ic . |
|---|--|
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. | |
| | |
| Previous Volunteer Experience | ce control of the con |
| Summarize your previous voluntee | |
| | |
| Person to Notify in Case of E | mergency |
| Name | |
| Street Address | |
| City, State, Zip Code | |
| Home Phone | |
| Cell Phone | |
| E-Mail Address | |
| | |
| Agreement and Signature | |
| | irm that the facts set forth in it are true and complete. I understand that if I am accepted ts, omissions, or other misrepresentations made by me on this application may result in |
| Name (printed) | |
| Signature | |
| Date | |
| | |
| Our Policy | |
| national origin, gender, sexual pref a love for music and a heart for se | r of Saint Louis to provide equal opportunities without regard to race, color, religion, ference, age, or disability. We are looking for friendly, trustworthy individuals who have rvice. Not everyone who sends in an application will be contacted to volunteer, as side with what we need at a particular time. Volunteers will be contacted approximately l. |
| Once completed, please send in yo | our application via mail, fax or email: |
| Bach Society of Saint Louis 3547 Olive Street, Suite 120 | |

Phone: 314-652-2224 Fax: 314-289-4029 Email: executivedirector@bachsociety.org

Saint Louis, MO 63103-1024