

WORLD CHANGERS SCHOOL FOR THE ARTS, INC.
Volunteer Application

Name _____ Maiden _____ DOB _____
Address _____ City _____ State _____ Zip _____
Social Security Number _____ Home Phone _____
Work Phone _____ E-Mail _____
Current Employer _____ Position/Title _____
Work Address _____ City _____ State _____ Zip _____
Emergency Contact/relationship _____ Emergency Phone _____
Education Completed: ☐High School ☐College ☐Graduate Studies ☐Vocational Skills

Personal References:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Are you fluent in another language? ☐Yes ☐No If yes, please specify: _____

By signing this application, I authorize WORLD CHANGERS SCHOOL FOR THE ARTS, INC. to conduct a complete criminal history check.

THANKS FOR YOUR INTEREST IN WORLD CHANGERS SCHOOL FOR THE ARTS, INC.

Signature: _____ **Date:** _____

WORLD CHANGERS SCHOOL FOR THE ARTS, INC. Staff Use Only

Criminal History Completed (Date) _____ Results _____ (attach copy)
References Checked (Date) _____ Results _____ (attach notes)
Approved by _____ Date _____
Starting Date _____