



SHORT-TERM VOLUNTEER APPLICATION FORM

Name _____ Date _____

Home Address _____

City _____ State _____ Zip _____

Phone (Eve) _____ (Day) _____ Cell _____ Fax _____

Email _____

Timeframe available [For Example, From April – September 2008]: _____

Please indicate the days and hours that you will be able to work:

	MON	TUES	WED	THURS	FRI	SAT	SUN
10-2							
2-6							
6-9:30							

Birthday (month/day) _____

Education/Highest Degree attained _____

Language(s) (fluent only) _____

What computer skills do you have? _____

What administrative skills have you acquired throughout your career that could be an asset to the Kennedy Center? _____

Most recent work experience (volunteer or salaried) _____

Please list any volunteer affiliations:

Please list two local references who are not relatives:

1. _____ day# _____ eve# _____

2. _____ day# _____ eve# _____

Where did you hear about volunteering for the Friends of the Kennedy Center?

Visiting the Kennedy Center
 Kennedy Center volunteer
 Kennedy Center website
 Kennedy Center News
 Newspaper _____
 VolunteerMatch website

(Please specify which one)

You may return this application via email at asledz@kennedy-center.org, by fax at (202) 416-8775 or mail it to The Friends of the Kennedy Center, The Kennedy Center, Washington, D.C. 20566-0003.

Once your application is received, we will notify you regarding a brief interview and orientation. Thank you.