

Main Line Art Center 746 Panmure Road Haverford, PA 19041 P. 610.525.0272 F. 610.525.5036 www.mainlineart.org

Exceptional Art Program Outreach Volunteer Application

please feel free to attach your resume

Name: Today's Date		day's Date:	
Compl	lete Mailing Add	ress:	
Phone	Number(s):		
Emerg	ency Contact &	Phone #:	
Date o	f Birth:		
	If you are unde Age:	<i>er 18:</i> _ Grade Level:	
	Name of Parent/Guardian:		
	Signature of Parent/Guardian:		
		tudent: What school or university or you currently enrolled in? Are d to meet with your school or organization through your volunteer worthose goals?	
1.	What is your av	vailability? Would you like to assist the program for 6-12 years or T	eens?
2.	How did you he	ear about volunteering for the Exceptional Art program at Main Line	e Art Center?
3.	If you have dor you least enjoy	ne any volunteer work in the past, what did you most enjoy about t ?	he experience? What did
4.	Kno Goo Hav Expe Avai	all that apply to you and feel free to add any additional details that ewledgeable about art of with children e teaching experience (please explain) erience working with children with special needs (please explain) ilable on short notice e to take a leadership position	you see fit:

Please return form to: Main Line Art Center, Attn: Volunteer, 746 Panmure Rd., Haverford, PA 19041

hobbies? Additional interests? (If needed, use reverse side)

5. Please tell me a bit about yourself. Where do you go to school? What is your work experience? What are your