



Thank you for considering Joyful Music Therapy as a place to donate your time and talents. Volunteers are vital to Joyful Music Therapy and we know your time is precious. We want every minute you spend with us to be worthwhile. That's why we are asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests and the volunteer opportunities available.

(Please Print)

Name _____ Today's Date _____
(Last) (First)

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Email Address _____ Are you over the age of 18? yes no

Are you a student? yes no If yes, what school do you attend? _____

Do you belong to any school organizations? yes no If yes, please list _____

Have you done volunteer work in the past? yes no If yes, please list agency or organization and give a brief description of your volunteer position. _____

List any hobbies or interests which will help us place you with a volunteer position: _____

List any skills, training or knowledge which will be useful at Joyful Music Therapy: _____

Please list 2 personal or professional references (not related to you):

Name	Phone Number	Email Address	Relationship

Contact in case of emergency: Name _____ Phone Number _____

Alternate Phone Number _____ Relationship _____

Have you ever been convicted of a criminal offense, misdemeanor or felony? yes no

If yes, please provide explanation, date and offense: _____

I hereby authorize Joyful Music Therapy to contact the above named references to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage for issuing the same. I further authorize Joyful Music Therapy to maintain this information in their records and absolve them from liability. Disclaimer: It is the policy of Joyful Music Therapy to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

I understand and respect the confidential nature of the information I might have access to in performing my volunteers duties for Joyful Music Therapy.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

Joyful Music Therapy makes an active effort to prevent child and sexual abuse. We reserve the right to conduct background and reference checks on all volunteers.

Signature of Applicant _____ Date _____

It is the policy of Joyful Music Therapy to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.