

VOLUNTEER APPLICATION
Kimmel Center, Inc.

Name _____ Birthday: Month ____ Day ____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate phone _____

E-Mail _____

What are your reasons for wanting to be a Kimmel Center volunteer?

What skills do you feel you could share in your volunteer role? _____

What computer skills do you have? _____ Word _____ Excel _____ PowerPoint _____ Graphs/charts
_____ Web research _____ Data base _____ Other, explain _____

Do you have customer service experience? _____

What types of performances do you attend? Have you been to performances here?

Please list any other volunteer affiliations _____

Will there be any conflict between your commitment to the Kimmel Center and your other activities?

Occupational background? _____

How did you hear about our volunteer program?

_____ Referred by friend or volunteer. If a volunteer, who? _____

_____ Other (please explain) _____

Please check the positions that most interest you? Check all those that apply.

_____ Administrative Offices (*weekdays between 9 and 5*)

_____ Visitors' Information Services (10-1, 1-4, 4-8 daily)
All applicants must be able to use a computer to access the internet.

_____ Tour Guide – Public tours are at 1pm. Group & VIP tours are at specially arranged times.
All applicants must be able to use a computer to access the internet.

_____ Merck Arts Education Center (Classroom monitor, administrative support, tour guide for classes -
Weekdays between 10 and 3pm)

Please list times you would be available for volunteer assignments:

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Morning (10 – 1)							
Afternoon (1-4)							
Evening (4-8)*							

Note: If no evening performance, Information Desk closes at 6pm

How many times would you like to work each month? _____

Are you willing to be a volunteer at the Kimmel Center for at least 6 months? _____

Are there times when you are not available for volunteering? (extended travel/other commitments)

We try to match volunteers with roles appropriate to their interests and abilities. To help us in this, please list two local references, not related to you, whom we may contact about your application.

References (Name and phone number)

1. _____
2. _____

Emergency Contact (Name, relation & phone)

Please return completed application to: Sally Kutyla, Manager of Volunteer Services
Kimmel Center, Inc.
260 S. Broad Street, Suite 901
Philadelphia, PA 19102

Submission of this application does not guarantee placement in the volunteer program. Placements are made based on departmental needs and are at the discretion of departmental supervisors.

Thank you for your interest in volunteering at the Kimmel Center!