Kimmel Center for the Performing Arts Volunteer Application

Name	Date	
Address		
City	State	Zip
Home Phone	Cell phone	
E-Mail		
Occupational background		
Work Phone (if applicable)		
Emergency Contact Name	Er	nergency Phone
器		
List skills, hobbies, training or interest	ts that applies. (Feel free	to attach your resume)
What computer skills do you have?		
Do you have customer service experie	ence? Describe:	
What types of performances do you e	enjoy? Have you been to	performances here?
Do you have volunteer experience? _	Please list previous a	and current volunteer affiliations.
How did you hear about our volunte Referred by friend or voluntee		
Other (please explain)		
Do you have customer service experies What types of performances do you e Do you have volunteer experience? How did you hear about our voluntee Referred by friend or voluntee	ence? Describe: enjoy? Have you been to Please list previous a er program? r. If a volunteer, who?	performances here? and current volunteer affiliatio

Please indicate the volunteer positions that interest you. Check 1st and 2nd choices.

_____ Guests' Information Services (10-1, 1-4, 4-8 daily)

_____ Tour Guide – Public Tours are at 1pm Mon-Sun. Group tours are at specially arranged times.

_____ Special Events – Called upon when needed

Please list times you would be available for volunteer assignments:

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

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

How many times would you like to volunteer each month? (Minimum 2X 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)

Please list two local references, not related to you, whom we may contact about your application.

References (Name and phone number)

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I understand that I am applying for an unpaid volunteer position and that 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.

Signed _____

Please return completed application to:	Kathie Cronk, Operations Manager – Volunteer Services & Special Projects	
	Kimmel Center, Inc.	
	300 S. Broad St.	
	Philadelphia, PA 19102	