

**NEIGHBORHOOD ART HOUSE
ADULT VOLUNTEER INFORMATION**

PLEASE PRINT

Name _____ Date _____

Address _____

City/Zip _____ Phone _____ Cell _____

E-mail _____

What experience do you have working with children? _____

Are you interested in teaching or reading to the children or tutoring? _____

Are you doing this for required hours _____? How many hours are needed? _____

For what purpose? _____

Were you ever a participant in the Neighborhood Art House Program _____ Yes _____ No

Personal Reference: (a person from Erie County—a teacher, coach, clergy, etc.)

Name _____ -

Address _____

Phone _____ Organization _____

Relationship _____

We will need to check your reference before you can begin to volunteer.
We will call you when they are checked.