

**The Kennedy Center, Inc.**  
**Volunteer Application**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

How did you hear about The Kennedy Center? \_\_\_\_\_

Reason for Volunteering:

\_\_\_\_\_ Personal Fulfillment \_\_\_\_\_ School/Church \_\_\_\_\_ Court Ordered

Name of School/Church (if applicable): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list any organizations you belong to, or any other volunteer experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any previous experience working with persons with disabilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list work experience, starting with present position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often would you like to volunteer: \_\_\_\_\_

Days and times available for volunteer work:

Sunday	___ - ___ Mornings	___ - ___ Afternoons	___ - ___ Evenings
Monday	___ - ___ Mornings	___ - ___ Afternoons	___ - ___ Evenings
Tuesday	___ - ___ Mornings	___ - ___ Afternoons	___ - ___ Evenings
Wednesday	___ - ___ Mornings	___ - ___ Afternoons	___ - ___ Evenings
Thursday	___ - ___ Mornings	___ - ___ Afternoons	___ - ___ Evenings
Friday	___ - ___ Mornings	___ - ___ Afternoons	___ - ___ Evenings
Saturday	___ - ___ Mornings	___ - ___ Afternoons	___ - ___ Evenings

Please check any skills/interests you have that you would like to contribute to The Kennedy Center:

<input type="checkbox"/> Dancing	<input type="checkbox"/> Listening	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Sports
<input type="checkbox"/> Exercise	<input type="checkbox"/> Camping (day camps)	<input type="checkbox"/> Reading	<input type="checkbox"/> Yoga
<input type="checkbox"/> Storytelling	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Filing	<input type="checkbox"/> Emailing
<input type="checkbox"/> Painting	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Movies	<input type="checkbox"/> Knitting
<input type="checkbox"/> Piano	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Bowling	<input type="checkbox"/> Meditation
<input type="checkbox"/> Gardening	<input type="checkbox"/> Administrative	<input type="checkbox"/> Hiking	<input type="checkbox"/> Computer Programs
<input type="checkbox"/> Drawing	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Aerobics	<input type="checkbox"/> Sewing
<input type="checkbox"/> Singing	<input type="checkbox"/> Board Games	<input type="checkbox"/> Tutoring Children	<input type="checkbox"/> Scrapbooking
<input type="checkbox"/> Poetry	<input type="checkbox"/> Swimming	<input type="checkbox"/> Cooking	
<input type="checkbox"/> Music	<input type="checkbox"/> Typing	<input type="checkbox"/> Internet	

Please note any skills/interests you have that are not listed above:

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Do you speak any language fluently other than English? \_\_\_\_\_

If yes, what languages: \_\_\_\_\_

I certify that the above is true and completed to the best of my knowledge. I will allow the Volunteer Coordinator at the Kennedy Center to verify my references as appropriate with the volunteer application process. If accepted as a volunteer, I agree to adhere to the policies of The Kennedy Center, and I understand that failure to do so may result in the termination of my volunteer assignment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Volunteer Coordinator, The Kennedy Center, Inc.  
2440 Reservoir Avenue, Trumbull, CT 06611  
Phone: (203) 365-8522 ext. 206  
Fax: (203) 371-1479