## **Newark Arts Alliance**

## **Volunteer Application**



Name		
Address		
CityS	State	Zip Code
Phone Number E	Email Addre	ess
Date of Birth if under 21		
Emergency Contact		
Name	Relationship	
Phone		
Occupation/Work/Volunteer Experience		
Expertise/Skills/Hobbies		
Are you a current member of the Newark Arts Allian	nce? □ Ye	es 🗆 No
Areas of Volunteer Interest		
☐ Gallery Monitor ☐ Committees (Exhibition/Gallery Shop) ☐ Special Events ☐ Communications and Outreach ☐ Development/Fundraising		☐ Community Art Projects ☐ Camp Imagine ☐ Office Assistance ☐ Other
Are you seeking a volunteer position to fulfill school	l or commi	unity service requirements?
☐ Yes If yes, name of school/organization: ☐ No		· ·
When are you available (during the day, evenings, w	veekends,	etc.)?

Email your completed application to: info@newarkartsalliance.org or mail to the address below.

Have you ever been convicted of a felony or a class A misdemeanor?  ☐ Yes ☐ No		
If yes, please explain		
How did you hear about our volunteer program?  References Please provide the name and contact number for two people (not family members) as references for this volunteer application with the NAA.		
Phone		
Name	Relationship	
Phone		
Volunteer Policy		
NAA volunteers are subject to the general policies describe to all staff and to the volunteer policy.	ed in the NAA Human Resource Handbook that pertain	
The Newark Arts Alliance does not and shall not discriminal expression, age, disability, national origin, marital status, so activities or operations. These activities include, but are no staff, selection of vendors, and provision of services. We are environment for all staff, patrons, members, and vendors.	sexual orientation, or military status in any of its ot limited to, recruitment, hiring, and termination of are committed to providing an inclusive and welcoming	
The Newark Arts Alliance (NAA) will make every effort to not the NAA reserves the right to reject a candidate for any resinterests. Furthermore, the NAA reserves the right to with	eason the organization deems appropriate and in its best	
The NAA accepts the service of all volunteers with the und organization. As such, the NAA may, at any time, terminate	_	
Volunteers may at any time, for whatever reason, decide to Notice of such a decision should be communicated as soon does not provide Worker's Compensation or any other institute.	n as possible to the volunteer's supervisor. The NAA	
☐ I have read and understand the above information	n.	
I certify that all statements made in this application are tru Alliance, including its board and staff members, will not as or any dependent might incur while performing voluntary	sume any financial liability for any illness or injury that I	
Applicant Signature	Date	
Email your completed application to: info@newarkartsall receive your application, you'll be contacted to set up a t		

NAA. Some activities may require background checks and/or additional information.

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