



**Volunteer Application Form**

Please complete form and deliver to:  
Hearst Center for the Arts • 304 West Seerley Boulevard • Cedar Falls, Iowa 50613  
319-273-8641 • [www.thehearst.org](http://www.thehearst.org)  
[Sheri.Huber-Otting@cedarfalls.com](mailto:Sheri.Huber-Otting@cedarfalls.com) • [the.hearst@cedarfalls.com](mailto:the.hearst@cedarfalls.com)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Current home address: \_\_\_\_\_

Previous & present volunteer activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Experience & training that may assist you as a Hearst Center volunteer:

\_\_\_\_\_

How often are you able to volunteer?      Weekly      Monthly      Occasionally

Please list the days and times you are available to volunteer: \_\_\_\_\_

\_\_\_\_\_

Please check the positions that interest you:

Gallery Receptions       Office Assistance       Marketing distribution

Youth educational programming assistant       Adult educational programming assistant

Classroom organization and maintenance       Special Events

Other information or comments you have: \_\_\_\_\_

\_\_\_\_\_

Office Use: BGC \_\_\_\_\_  
contact

Thank you for your interest in the Hearst! We will  
you to discuss scheduling.

DISCLOSURE TO  
EMPLOYMENT APPLICANT OR VOLUNTEER  
REGARDING BACKGROUND INVESTIGATIONS

In connection with your application for employment or volunteer service, please be advised we will conduct a reference check. We will check criminal history and also complete a driving record check for positions that involve, or have the potential to involve, driving City vehicles. Other information will be obtained by contacting your previous employers and/or references.

By signing below, I authorize investigation of all statements contained within my application materials for employment as may be necessary in arriving at an employment decision. I further authorize investigation of my driving record and criminal history.

If employed, I understand that false or misleading information given in my application materials or interview(s) may result in immediate discharge.

Signature \_\_\_\_\_

Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please PRINT the following information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position Being Considered For \_\_\_\_\_

Driver's License Number \_\_\_\_\_

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