



## VOLUNTEER / INTERN / WORK-STUDY APPLICATION

### CONTACT INFORMATION

Name: \_\_\_\_\_  Female  Male  
Address: \_\_\_\_\_ Birthdate (required if under age 18): \_\_ / \_\_ / \_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### EDUCATION & EMPLOYMENT

Status (Check all that apply):  Student  Employed  Retired  Other  
School: \_\_\_\_\_ City & State: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_ Highest Degree Completed: \_\_\_\_\_  
Most Recent Employer: \_\_\_\_\_ City & State: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_ Length of Service: \_\_\_\_\_ Title of Position: \_\_\_\_\_

### OTHER SKILLS & TRAINING

Organization(s) of which I have volunteered, length of service provided & type of service(s) provided:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other hobbies, skills and/or training which may assist Touchstone:  
\_\_\_\_\_  
\_\_\_\_\_

### AVAILABILITY & PREFERENCES

Hours per week: \_\_\_\_\_ Regularly each week?  Yes  No

Check and circle all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Sunday: Morning/Afternoon/Evening    | <input type="checkbox"/> Saturday: Morning/Afternoon/Evening  |
| <input type="checkbox"/> Monday: Morning/Afternoon/Evening    | <input type="checkbox"/> Available Year-Round                 |
| <input type="checkbox"/> Tuesday: Morning/Afternoon/Evening   | <input type="checkbox"/> Spring Session (April & May)         |
| <input type="checkbox"/> Wednesday: Morning/Afternoon/Evening | <input type="checkbox"/> Summer Session (June, July & August) |
| <input type="checkbox"/> Thursday: Morning/Afternoon/Evening  | <input type="checkbox"/> Fall Session (September & October)   |
| <input type="checkbox"/> Friday: Morning/Afternoon/Evening    | <input type="checkbox"/> Special Events Only                  |

Check all types of activities/interests you would like to be assigned.  
Workshops may include set up, materials prep, and cleaning duties.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Facilities Maintenance    | <input type="checkbox"/> Youth Workshops              | <input type="checkbox"/> Glass Workshops          |
| <input type="checkbox"/> Grounds Maintenance       | <input type="checkbox"/> Blacksmithing Workshops      | <input type="checkbox"/> Fiber Arts Workshops     |
| <input type="checkbox"/> Office Assistance         | <input type="checkbox"/> Ceramics Workshops           | <input type="checkbox"/> Mosaic Arts Workshops    |
| <input type="checkbox"/> Exhibitions               | <input type="checkbox"/> Metals & Jewelry Workshops   | <input type="checkbox"/> Special Topics Workshops |
| <input type="checkbox"/> Gallery Store             | <input type="checkbox"/> Painting & Drawing Workshops | <input type="checkbox"/> Printmaking Workshops    |
| <input type="checkbox"/> Photography (take photos) | <input type="checkbox"/> Special Events               | <input type="checkbox"/> Marketing                |

## REFERENCES

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone & Email: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone & Email: \_\_\_\_\_

## EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

## BACKGROUND

**Have you ever been convicted of a felony or misdemeanor?**  YES  NO

If yes, please explain (Use back of form, if needed): \_\_\_\_\_

If yes, was the conviction in Pennsylvania or in another state? Please specify state(s): \_\_\_\_\_

**Advisory:** A check of the volunteer/intern/work-study applicant's criminal history may be made to verify the responses to the above questions for the sole purpose of ensuring the safety of its students, visitors, and staff. No applicant will be denied volunteer/intern/work-study status solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position will be considered.

A Dept. of Public Welfare Child Abuse Report may also be requested.

Touchstone requests that applicants who will have direct contact with children on campus submit their background checks - State Police Criminal History Record (Act 34), Dept. of Public Welfare Child Abuse Report (Act 151), and Federal Criminal History Record Information (CHRI) – with this completed application. Reports cannot be more than one year old.

## RELEASE & UNDERSTANDING

By signing below, I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer/intern/work-study status may be terminated at any time. In consideration of my volunteer/intern/work-study application, I agree to adhere to the policies and regulations of Touchstone Center for Crafts, and I agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time by Touchstone Center for Crafts.

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

Parent/Guardian's Signature (required if applicant is under age 18): \_\_\_\_\_ Date: \_\_\_\_\_