

Artism Creativity Center Application Form

Name _____

Date: _____

Grade: _____ Age: _____

School: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Previous Community Service Experience:

Artistic Experience:

Why do you want to be a volunteer for Artism?

Emergency Contact Information

Name: _____

Relationship to Applicant: _____

Home Phone: _____

Cell Phone: _____

Address: _____

Anything else you would like us to know?

Agreement and Signature:

By submitting this application, I affirm that the information supplied is true and complete

Name (Printed) : _____ Date: _____

Signature: _____