



<b>For Office Use Only</b>
Interview _____
Accepted _____
School _____
Song _____
Register _____
Need Placement _____

## Volunteer Application

883 N. Shoreline Blvd. #C120, Mtn. View CA 94043

**Phone:** (650) 237-9130 **Fax:** (650) 237-9150

**E-mail:** [musicforminors@mfm.org](mailto:musicforminors@mfm.org) **Website:** [www.mfm.org](http://www.mfm.org)

Tax ID # 94-24-94433

(Please use pen)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) (\_\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_\_) \_\_\_\_\_

(cell) (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Areas of Interest: \_\_\_\_\_ Classroom Music Docent \_\_\_\_\_ Fund-Raising \_\_\_\_\_ Behind-the-Scenes

Why are you interested in volunteering with Music for Minors?

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What experience, if any, do you have working with children?

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What musical experience do you have?

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What sort of employment and/or volunteer work have you done?

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What experience do you have in public speaking and/or engaging a group in some activity? Describe briefly:

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(Over)

Do you sing on pitch?    Can you keep a steady beat?    Do you read music?    Do you play an instrument?  
 yes     no             yes             no             yes     no             yes             no

Do you wish to volunteer in a specific school?  
 yes (school w/district) \_\_\_\_\_  no

Do you have children in school?  
 yes (grade levels) \_\_\_\_\_  no

What do you expect to get out of docent training?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What else can you tell us about your interests and concerns?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCENT APPLICANTS:** Please provide the name of one in-state reference (not a relative or spouse) that we may contact regarding your experience with children or work experience.

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

An appointment for an interview will be scheduled when your application is received. Fall training begins in September and continues for 10 weeks. A schedule of classes will be sent to you in September. Music for Minors reserves the right at any time to determine who shall participate in the program. Upon completion of the course, docents will be placed in mutually agreeable classrooms. Docents are expected to complete the training and volunteer **for at least one full year, 1/2 hour per week minimum** in the classroom. All docent placements must be authorized by Music for Minors.

**Please initial:** I have read and understand the above paragraph. \_\_\_\_\_

**ALL APPLICANTS:** Do you know someone who might like to receive information about Music for Minors?

Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

How did you learn about Music for Minors:

\_\_\_\_\_ From an MFM Docent    \_\_\_\_\_ School newsletter    \_\_\_\_\_ PTA    \_\_\_\_\_ MFM Website  
\_\_\_\_\_ School Concert    \_\_\_\_\_ Volunteer Bureau    \_\_\_\_\_ Flyer at the library, community center  
\_\_\_\_\_ Newspaper (which one) \_\_\_\_\_  
\_\_\_\_\_ Other? \_\_\_\_\_

**THANK YOU!**

When complete, please send to Music for Minors, 883 N. Shoreline Blvd. #C120, Mtn. View CA 94043 or FAX 650-237-9150.