

WXPB Musicians On Call Volunteer Service Application

We greatly appreciate your interest in volunteering. The more information you provide us the better we can match your interests with our programs.

PERSONAL INFORMATION

Name

Address

Email

Home Telephone

Business Telephone

Cell Phone

Date of Birth

VOLUNTEER INFORMATION

Interests

What would you most like to do here as a volunteer? Would you prefer to volunteer:

-Directly with patients (Please check or circle)

-Volunteer Musician (must be 16 years of age or older)

-Volunteer Guide (must be 18 years of age or older)

Other Areas

-CD Pharmacist

-In-Office Support

-Professional Services

-Fundraising

-Special Events

Availability

I would be able to volunteer:

-Evenings

-Weekends

-Weekdays (between 9-6 pm)

Beginning (Month/Year)

Health

Is there any health reason which might limit your ability to volunteer in a hospital?

Yes | No

If yes, please explain

How did you become interested in volunteering for WXPB Musicians On Call?

Experience

Please list previous volunteer experience (organization, location, dates, hours served, and what you did)

List experience you had with children (including your own) and age groups

List any other experiences or skills related to your volunteer interests

List organizations or clubs in which you are active

MUSIC EXPERIENCE (Needed for Volunteer Musicians Only)

List instrument(s) you play

List genre(s) of music can you play

Are you willing to learn covers?

EMPLOYMENT/EDUCATION HISTORY

Employment

Most Recent Employer:

Position:

Education

I have completed (please check)

-High School

-Some College

-College

-Graduate School

-Other

Degree or Major:

I am now studying at:

Year of Graduation:

Status: Full time/Part-time

List courses relating to your volunteer interest:

Comments:

Please mail to:

WXPN Musicians On Call

Attn: Volunteer Musicians

1133 Broadway

Suite 630

New York, NY 10010