

THE NOTE-ABLES

PO Box 428
Sparks, NV 89432
775.324.5521 t
775.626.1833 f

Volunteer Application

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Day) _____ (Eve) Fax: _____

Email: _____ Email #2: _____

Please list any musical experiences or expertise:

Please list any experience working with people with disabilities:

Other current volunteer commitments:

Which day(s) of the week are most convenient for you to volunteer?

Su M T W Th F Sa

Which time(s) of the day do you prefer?

Mornings (9am – noon) Afternoons (noon – 5pm) Evenings (after 5pm)

Please indicate your experience in the following areas.	Very experienced	Some experience	Little or no experience
Computer programming and/or website development			
Communication, media relations			
Fundraising			
Grant writing			
Graphic design			
Legal expertise			
Marketing			
Musical programming			
Organizational development			
Public speaking			
Special events (planning and implementing)			
Writing, journalism			
Other:			

For the items you checked as “very experienced” or “some experience”, please provide details:

Which of the following area(s) are you **most** interested in helping with?

___ *Administrative/office work*

___ *Marketing/Public Relations*

___ *Classroom instruction*

___ *Website development*

___ *Helping with performances*

___ *Helping with fundraising*

___ *Putting on special events*

___ *Other: _____*

Why are you interested in The Note-Ables?

Thank you so much for your interest in volunteering with The Note-Ables!