



Mountain Top
Music Center

Date: _____

Name: _____

Mailing Address: _____

Physical Address: _____

City/Town: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email (please print clearly): _____

Emergency Contact: _____ Phone: _____

Days Available: Sunday ____ Monday ____ Tuesday ____ Wednesday ____
Thursday ____ Friday ____ Saturday ____

Available: Mornings ____ Afternoons ____ Evenings ____

Any special skills we should know about or could use?

Additional information:

Please indicate the types of work you are willing to do:

Reception Desk (greet visitors, answer phones, light office work)

Mailings (addressing envelopes, stuffing envelopes, clerical)

Data entry

Grant application research

Grant writing

Volunteer References

Please provide a minimum of two references (not related) we may contact:

Name: _____

Telephone: _____

In what capacity do you know this person?

Name: _____

Telephone: _____

In what capacity do you know this person?

Thank you for your interest in volunteering at Mountain Top Music Center. We will contact you soon.