



Special Needs Arts Programs Volunteer Application

NAME: _____

STREET: _____ CITY _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

CELL #: _____

CURRENT WORK EXPERIENCE (if applicable):

ORGANIZATION/COMPANY: _____

JOB TITLE: _____

ADDRESS: _____

TIME PERIOD: _____

RESPONSIBILITIES: _____

STUDENT INFORMATION (if applicable):

ARE YOU CURRENTLY A STUDENT? _____ YES _____ NO

If YES, NAME OF SCHOOL _____

ADDRESS: _____

CURRENT GRADE: _____ GRADUATION DATE: _____

MAJOR (if applicable): _____

VOLUNTEER EXPERIENCE (if applicable):

ORGANIZATION: _____

ADDRESS: _____

TIME PERIOD: _____

RESPONSIBILITIES: _____

ORGANIZATION: _____

ADDRESS: _____

TIME PERIOD: _____

RESPONSIBILITIES: _____

ADDITIONAL INFORMATION:

WHY DO YOU WANT TO WORK FOR SPECIAL NEEDS ARTS PROGRAMS (SNAP)? _____

WHAT SPECIAL SKILLS WOULD YOU BRING TO YOUR VOLUNTEER EXPERIENCE? _____

WHICH PROGRAM WOULD YOU LIKE TO VOLUNTEER?

- Sing Along Chorus – Mondays, from 7:00 to 8:30 pm
- Sing Along Singers – Wednesdays, from 7:00 to 8:30 pm
- Special Artists I – Saturdays, from 10:00 to 11:30 am
- Special Artists II – Saturdays, from 12:00 to 1:30 pm

HOW DID YOU HEAR OF SNAP? _____

Signature

Date

Please send application to:
SPECIAL NEEDS ARTS PROGRAMS, INC.
 P.O. Box 598, Lexington, MA 02420
 Or scan and email to: info@snaparts.org