Dadeville Performing Arts Center

Dadeville Performing Arts Center is a 501(c)(3) organization working in the Lake Martin-Dadeville area to provide activities and services for our citizens to build community through music making. We invite volunteers over the age of 21 and of any race or creed to engage with our clients at our site, online, and by providing various services.

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application.

The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

You may mail this form to DPAC, PO Box 409, Dadeville, AL 36853, or attach it to an email to our volunteer coordinator at office@dadevilleperformingartscenter.com or drop it by our office at 128 N Broadnax Street.

After we receive your application, we will contact you and arrange for an interview in person or by phone with our volunteer coordinator. All information on this form will be kept confidential and will help us find the perfect volunteer project for you. Please be advised that, since we work with a vulnerable population, we require a criminal background check. We will advise how this may be done in the most efficient way.

Volunteer Application Form

First Name:			
Last Name:			
Street Address:			
City:	State:	Zip:	
Home Phone:		Cell Phone:	
Email:		•	
Employer (if applicable)		
Date of Birth:			

Do you have skills, special interests or experience that you would like us to consider when placing you into an appropriate position?

here are some of the volunteer positions we	offer. Please check the ones you would be most interested in.
 Office help (routine office tasks on a second of the second	uipment). eleaning). eaching lessons or classes). togethers, celebratory events). alls, writing thank you notes, or grant writing). blications and fundraising messages. Social media experience
What days are you usually available? Mon:	Tues: Wed: Thurs: Fri: Sat: Sun:
How many hours are you available per week?	Do you prefer Morning? Afternoon? Night?
Please describe any physical limitations:	
Emergency contact:	
Name:	Phone:
Relationship:	
Please provide the names and contact inform	ation of two character references:
Name:	Phone:
Relationship:	
Name:	Phone:
Relationship:	
Liability Release:	
that I will be volunteering at my own risk and any responsibility for any liability for any accid	enter, II agree to abide by it's policies and procedures. I understand that the organization, its employees and affiliates, cannot assume dent, injury or health problem which may arise from any volunteer nat all the work I do is on a volunteer basis and I am not eligible to
Signature:	Date:

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