



VOLUNTEER SIGN-UP SHEET
All sections of this application must be completed.

Title:	First Name:	Last Name:	Date:
Address:		Apt #	
City:		State:	Zip Code:
Phone: Home: ()		Business: ()	Cell: ()
E-mail address:			Date of Birth: / / (year is optional)
Are you available year round yes no			
Can you commit to volunteering one time a week for 3-4 hours? yes no			

PLEASE INDICATE THE BEST DAYS/TIMES FOR YOU TO VOLUNTEER
 (mark at least 3 choices)

MON am pm	TUE am pm	WED am pm	THU am pm	FRI am pm	SAT am pm	SUN am pm
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CHECK VOLUNTEER JOBS IN WHICH YOU ARE MOST INTERESTED
The Following Jobs Are Occasional or on an as-needed basis

<input type="checkbox"/> OFFICE/ADMINISTRATIVE: Volunteers grade students' tests, prepare mailings, enter data, scan and file.
<input type="checkbox"/> SPECIAL EVENTS VOLUNTEERS: Volunteers will be asked to sign up for the dates of the events 4-6 weeks prior of the event. Jobs are occasional and generally on weekends.
<input type="checkbox"/> SOCIAL MEDIA: Volunteers maintain and overlook MMP's Facebook, YouTube, Tweeter accounts.
OTHER WAYS YOU WOULD LIKE TO HELP: _____
How did you learn about Miami Music Project? <input type="checkbox"/> postcard <input type="checkbox"/> Internet <input type="checkbox"/> Special Event <input type="checkbox"/> newspaper <input type="checkbox"/> concert <input type="checkbox"/> social media <input type="checkbox"/> friend <input type="checkbox"/> other
Please tell us why you want to volunteer for MMP: _____
Other volunteer jobs past or present? _____
Education (include final degrees/areas of major study/continuing education classes): _____
Please list languages spoken: _____
Special Skills and Hobbies: _____
Occupation (former or current): _____
Do you have any physical limitations, allergies or other medical conditions that must be considered when planning your volunteer work? _____

PERSONAL REFERENCES ARE REQUIRED WHEN WORKING WITH YOUTH

Name:	Phone Number:	Relationship:
Name:	Phone Number:	Relationship:

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name:	Relationship:
Emergency Contact Numbers:	

I certify that the information given in this volunteer application is true and correct.

Signature: _____ Date: _____

Thank you for your interest in volunteering for the Miami Music Project. Job availability is dependent on the season and the needs of the organization.

Mail to: Miami Music Project, 1300 Biscayne Blvd. Miami, FL 33132