

GARDEN STATE PHILHARMONIC

VOLUNTEER APPLICATION



Anthony LaGruth
Artistic Director & Conductor

DATE OF APPLICATION: _____

Please fill in and return this form to the Garden State Philharmonic Symphony Society, Inc., Ocean County College, 1 College Drive, PO Box 2001, Toms River, NJ 08754. We will contact you to arrange an interview.

PERSONAL INFORMATION (please print)

Mr./Mrs./Ms. _____

First Name

MI

Last Name

Address: _____

Street

City

State

Zip Code

Home Phone _____ Cell Phone _____

E-mail address: _____ Name of Spouse _____

Please give us the name, address and telephone number of someone who can be notified in case of emergency.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

VOLUNTEER EXPERIENCE:

Have you ever volunteered before? Yes ___ No ___ If yes, please list the organization(s), activities, and the date(s) of your participation. If additional space is needed, please use the back of the form.

BACKGROUND: ___ Currently employed ___ Student ___ Retired ___ Other

Current/Former Employer: _____

Work

Phone: _____

Occupation: _____

Education: _____

Skills (computer, graphics, audio, etc.) _____

Interests: _____

COMMITMENT

Volunteer Work Preferred:

Office Volunteer Concert Volunteer Production Assistant Bus Chaperone

Fundraising Events Volunteer Speaker Other _____

Are you available year round? Yes No If no, when? _____

Do you wish to volunteer on a regular basis? _____ For events only _____

Are you available on weekdays? _____ Weekends _____

Have you ever committed, been convicted of, pleaded guilty to or pleaded nolo contendere to a felony or a misdemeanor?

Yes No

If yes, please explain. _____

Please list the names addresses and phone numbers of two personal, volunteer or work related references who can tell us about your skills, experience and interests.

1.

2.

I have completed this application to the best of my knowledge, and verify its contents. I authorize the Garden State Philharmonic to contact my former employer(s), schools, companies, corporations, law enforcement agencies, and other persons who can verify or provide information on my volunteer application. Further, I release from liability such former employer(s), schools, companies, law enforcement agencies, and other persons contacted by and providing information to the Garden State Philharmonic. A copy of this authorization shall be as valid and binding as the original.

Applicant signature: _____ Date: _____

Questions? Call (732) 255-0460 or e-mail info@gardenstatephilharmonic.org.

**YOUTH ORCHESTRA
VOLUNTEER APPLICATION**



DATE OF APPLICATION: _____

Please fill in and return this form to the Garden State Philharmonic Symphony Society, Inc., Ocean County College, 1 College Drive,, PO Box 2001, Toms River, NJ 08754. We will contact you to arrange an interview.

PERSONAL INFORMATION (please print)

Mr./Mrs./Ms. _____

First Name MI Last name

Address: _____

Street City State Zip Code

Home Phone: _____ Cell Phone: _____

E-mail address: _____ Name of spouse: _____

Please give us the name, address and telephone number of who should be notified in case of emergency.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

VOLUNTEER EXPERIENCE:

Have you ever volunteered before? Yes ___ No ___ If yes, please list the organization(s), activities and date(s) of your participation. If additional space is needed, please use the back of the form.

BACKGROUND: ___ Currently employed ___ Student ___ Retired ___ Other

Current/former employer: _____ Work Phone: _____

Occupation: _____

Education: _____

Skills: _____

Interests: _____

COMMITMENT

Volunteer Work Preferred: ___Events Volunteer ___ Production Assistant

___Office Volunteer ___Concert Volunteer ___ Fundraising Other_____

Do you wish to volunteer on a regular basis?_____ For events only_____

Have you ever committed, been convicted of pleaded guilty to or pleaded nolo contend to a felony or a misdemeanor?

___YES ___NO

If yes, please explain:_____

Please list the names, addresses and phone numbers of two personal, volunteer or work related references who can tell us about your skills, experiences and interests.

1.

2.

Garden State Philharmonic volunteers who work with children may/will be required to undergo a TB test and fingerprinting as required by “

I have completed this application to the best of my knowledge, and verify its contents. I authorize the Garden State Philharmonic to contact my former employer(s), schools, companies, corporations, law enforcement agencies, and other persons who can verify or provide information on my volunteer application. Further, I release from liability such former employer(s), schools, companies, law enforcement agencies, and other persons contacted by and providing information to the Garden State Philharmonic. A copy of this authorization shall be as valid and binding as the original.

Signature_____Date:_____

GARDEN STATE PHILHARMONIC
STUDENT VOLUNTEER APPLICATION



DATE OF APPLICATION: _____

Please fill in and return this form to the Garden State Philharmonic Symphony Society, Inc., Ocean County College, 1 College Drive, PO Box 2001, Toms River, NJ 08754. We will contact you to arrange an interview.

PERSONAL INFORMATION (please print)

Name: _____

First Name	MI	Last Name
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Address: _____

Street	City	State	Zip Code
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Home Phone: _____ Cell Phone: _____

E-mail address: _____ Facebook: _____

Please give us the name, address and phone number of parent or guardian who can be notified in case of emergency.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

VOLUNTEER EXPERIENCE:

Have you ever volunteered before? ___Yes ___ No If yes, please list the organizations, activities, and dates of your participation on the back of the form.

School: _____ Grade: _____

Activities: _____

Skills: _____

Interests: _____

I have completed this application to the best of my knowledge, and verify its contents.

Applicant signature: _____ Date: _____

MEDIA & PUBLICITY RELEASE FORM

GARDEN STATE PHILHARMONIC



I, _____ understand that during the course of my participation/volunteer work with the Garden State Philharmonic, my likeness, image, name and/or voice may be captured in photographic, audio, video, digital, print or other media form. I recognize that all media – including film, photographic prints, audio, video, print or digital files – are the exclusive property of the Garden State Philharmonic. I hereby permit the Garden State Philharmonic and those acting with the Garden State Philharmonic’s permission or authority, to use my name and media, in any and all printed, digital and public media (including Internet), now and hereafter devised, for any noncommercial, promotional and educational uses. I understand and agree that the Garden State Philharmonic, or those acting with its permission or authority, may use the media in materials available to students, parents, faculty or staff, and individuals outside of the Garden State Philharmonic community, including in publicity or promotional materials for the Garden State Philharmonic as an entity. I hereby waive any right to inspect or approve: (a) the finished Media, (b) any printed matter that may be used in conjunction with the Media, or (c) the eventual use to which the Media may be applied. I also hereby waive any right to compensation as I understand the uses described are for mission-supported activities of the Garden State Philharmonic, a 501(c) (3) not-for-profit organization, and not for commercial use.

This agreement constitutes the sole, complete, and exclusive agreement regarding the Media, and I am not relying on any other representation, whether oral or written.

Signature _____ Date: _____

FOR GARDEN STATE PHILHARMONIC USE ONLY

Volunteer Name:

Telephone Number:

Social Security Number

E-mail address:

Date of Birth:

Application Date:

Orientation Date:

Start Date:

Position:

Reference Check: 1. _____ 2. _____

Date application received: _____

Date of call to applicant: _____ Name: _____

Date of interview: _____ Name: _____

Date of receipt of manual signature page: _____

Name: _____

Date of return of manual: _____

Name: _____

Fingerprints: _____ Check: _____ Date: _____

Child Abuse Record Background Check form: _____ Date: _____

TB Mantoux Test: _____ Date: _____