



***Innovate...Educate...Collaborate
-Changing Lives***

Volunteer Application

Thank you for your interest in volunteering for NMTSA. Our volunteers help us provide quality, cost effective services to the community. The following information will help us identify the most appropriate positions and projects based on your experience and interests. This information will be kept confidential. NMTSA reserves the right to select volunteers who we feel enhance the following:

Neurologic Music Therapy Services of Arizona partners with those impacted by disability to change lives through using the brain's response to music, and optimizing body and brain connections. NMTSA assumes the competence of all. To this end, NMTSA believes in 1) the capability of all people to reach their goals and attain their full potential, 2) the competence of all people, 3) the valuable contribution every person has to offer through their unique person and abilities, 4) the connection of science and relationship, and the impact both have on every person.

Personal Information

Name: (First, Last) Today's Date: Address:

Phone: Other Phone: Birthdate:

Email: Marital Status: Single Married Other

Emergency Contact: (Name, Phone, Relationship):

Experience/Education

Employer: Supervisor:

Address: Phone:

Position: Responsibilities:

Dates Employed (from/to): May we contact your supervisor? Yes No

Other Job Experience:

Special Skills/Training:

3221 N 16th St, Ste. 201 Phoenix, AZ 85016 Phone: 602-840-6410 Voice Mail: 602-277-8610

Fax: 602-840-6431 Website: www.nmtsa.org

Community Affiliations/Offices Held:

Previous Volunteer Experience:

References

Please give the names of two people that have known you for at least one year whom we may contact on your behalf.

Name: Relationship: Years Known: Address:

Phone: Email:

Name: Relationship: Years Known: Address:

Phone: Email:

Have you ever been convicted of a felony? (If yes, please explain)

Volunteer Interests/Questionnaire

I am interested in the following projects: (Please check all that apply):

- Administrative Work Maintenance/Repairs
- Cleaning/Organizing
- Resource Library Clinical Program Assistance
- Fundraising
- Adult transition programs Special Events
- Grant Writing
- Other: Social Media

Are you volunteering to meet the requirements of: School Program Community Service Other:

Name of Program:

What would you like to gain from your volunteer experience at NMTSA?

What is your experience with individuals with disabilities?

What is your experience with music therapy?

What are your hobbies, other interests?



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What is your current availability (days/times)? How much time per week/ per month would you like to commit?

What experience do you have, if any, with social media for the purposes of marketing or fundraising?

Do you prefer volunteering in-clinic, virtually or both/either? If in-clinic are you able to wear a mask while near/around staff and clients?

Printed Name: Date:

Signature:

Printed Name (if applicant is under 18): Parent Signature:

Thank you for your time and interest in volunteer at NMTSA. If you have any questions or need more information, please contact the Volunteer Coordinator at 602-840-6410 or dzormeier@nmtsa.org