

CARNEGIE HALL

Music Ambassadors—The Volunteer Program REGISTRATION FORM

The information on this form will help us find the most rewarding volunteer project for you. Your cooperation is most appreciated. Feel free to add any additional information on the back of this sheet. Please print or type.

Personal Data

Name: _____
Home address: _____
City/State/Zip: _____
Home phone: _____ Work or alternate phone: _____
E-Mail: _____ Date of birth: _____

Education and Professional/Personal Affiliations

High School: _____
College: _____ Degree: _____ Major: _____
Graduate School: _____ Degree: _____ Major: _____
Professional Organizations: _____
Personal Affiliations: _____

Employment: Current _____ Retired _____

Company name: _____ Type of business: _____
Address: _____ Phone: _____
Position held: _____ Describe major responsibilities: _____

Volunteer Information

Have you done any previous volunteer work? Please describe the kinds of projects and assignments you have worked on and for what organizations. _____

Do you have any knowledge or experience in the following? If yes, please circle:

Accounting/Bookkeeping	Tour Guide	Computers	Software (Windows)	Publishing
Research	Typing/Clerical	PC	Word 6.0+	Art/Design
Gift Shop/Retail	Writing/Editing	MAC	Excel	Photography
Telephone	Calligraphy	Other	Access	Newsletters

Other Experience: _____

Do you know a foreign language?

1. _____	Speak	Read	Write
2. _____	Speak	Read	Write
3. _____	Speak	Read	Write
4. _____	Speak	Read	Write

Availability

Can you volunteer on a regular basis? Yes ___ No ___
 Are you available throughout the year? Yes ___ No ___
 Are you available on concert evenings? Yes ___ No ___
 Can you be available on short notice for special projects? Yes ___ No ___

Circle the days and times you are available:

Monday	Morning	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening
Thursday	Morning	Afternoon	Evening
Friday	Morning	Afternoon	Evening
Saturday	Morning	Afternoon	Evening
Sunday	Morning	Afternoon	Evening

Carnegie Hall Affiliation

How did you hear about our volunteer program? _____
 Are you a subscriber? ___ If yes, for what series? _____
 Are you a member of the Friends of Carnegie Hall? Yes ___ No ___

Emergency Contact

Name: _____ Relationship: _____
 Home address: _____
 Home phone: _____ Work or alternate phone: _____
 E-Mail: _____

Signature: _____ **Date:** _____

Additional Information:

Please Return To:

Visitor Services Office
 Carnegie Hall
 881 Seventh Avenue
 New York, NY 10019-3210
 Fax: 212-903-0765