

Carnival Center for the Performing Arts
BECOME A VOLUNTEER

Dear Prospective Volunteer,

Thank you for your interest in volunteering at Carnival Center for the Performing Arts. We're well on our way to becoming Miami's premier showcase for the best and brightest performers from South Florida, from across the nation, and around the world.

As a member of the CARNIVAL CENTER volunteer corps, you will play a major role in making Carnival Center for the Performing Arts a true reflection of our community. While putting your time, expertise, and love of the arts to good use, you will also become an invaluable representative of this magnificent landmark project.

Because each volunteer has unique skills and interests, we want to be sure we find the right job for you. So please tell us a little more about yourself, your skills, and your goals:

Name: _____

How did you hear/learn about CARNIVAL CENTER Volunteer Corps?

(i.e. referred by a friend, received an email from _____, found info on website, membership dept, print ad etc.)

Your three main interests are (please indicate any three (3) personal interests)

1. _____
2. _____
3. _____

Your top three skills are (i.e. carpentry, computers, photography, administrative/office, arts & crafts, tutoring, child-care, interpreter, painting, communication skills, activities coordination, special events or any other)

1. _____
2. _____
3. _____

Please check all the volunteer opportunities that interest you. **Note that most require direct contact with Carnival Center for the Performing Arts patrons.**

- Bag Check
- Brochure/ Printed Materials Distribution
- Concierge Services/ Information Desk
- Docents/ Tour Guide
- Educational Programming Assistance
- Kiosk and Concession Sales
- Mailings, data entry & clerical support
- Parking Lot Greeters
- Special Needs Assistance
- Tour Desk Reservations & Information
- Transportation

(must have own car & valid driver's license)

- Translators at Visitor Center
- Ushers

Special Events Support:

- Hospitality
- Registration/ Check-In
- Reservations
- Security Monitors
- Silent/ Live Auctions
- Outdoor Festival Events

Virtual Volunteering:

- Advocacy Committee *(support Carnival Center's directives)*
- Editing & Translating documents
- Phone Committees
- Professional Consulting
- Volunteer Counseling & Mentoring
- Volunteer Newsletter Contributor

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What languages do you speak?

Do you know American Sign Language? _____Yes _____No

Have you ever volunteered before? If so, where, and may we contact the agency/organization?

Agency/Organization _____ Phone _____

Contact person _____

Agency/Organization _____ Phone _____

Contact person _____

Agency/Organization _____ Phone _____

Contact person _____

What are your goals or reasons for volunteering?

How can we contact you?

Mailing Address _____

Daytime phone _____ Evening phone _____

FAX _____ E-mail _____

Cellular _____

What is your preferred method to be contacted? _____Phone _____Email _____Fax

Do you have an alternate or summer address?

From _____ (month) through _____ (month)

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Occupation (if retired, your former occupation) _____

If you're a student, what's your major? _____

Are you at least 18 years old? ____ Yes ____ No; ____ Age

If "No." what is your parent or guardian's name and contact information?

Name _____ Home phone _____

Cellular or Alternate phone _____

In case of an emergency, whom should we contact?

Name _____ Relationship _____

Primary phone _____ Alternate contact _____

How many hours are you available to volunteer?

_____ per day _____ per week _____ per month

Are you available for a regular weekly schedule? ____ Yes ____ No;

If Yes, what (please be specific) day? _____.

What times? From _____ to _____

Do you have (step)children/grandchildren/nieces or nephews? ____ Yes ____ No

Have/Do you work with children? ____ Yes ____ No

Do you or does someone in your family have a disability? ____ Yes ____ No

Have/Do you work with the disabled? ____ Yes ____ No

Do you have Adult CPR and/or Child/Infant CPR training? ____ Yes ____ No

Please specify which _____; Is your certification active? ____ Yes ____ No

Do you have any friends or relatives who might want to volunteer whom we can contact?

Name _____

What's your relationship? _____

Phone _____ E-mail _____

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Is there anything else you'd like to share about yourself?

Please initial: _____ *I understand and authorize Carnival Center for the Performing Arts to conduct a background check on me in order to protect its patrons, and that my participation as a volunteer is contingent on the results of that background check. (CARNIVAL CENTER will not conduct a credit check.)*

Please provide three references whom we can contact:

Name _____ Contact _____

Name _____ Contact _____

Name _____ Contact _____

Thank you for taking the time to let us get to know you. It may take a few days for us to review your information and contact you. Please be patient as we try to find the best way to put your specific talents to good use. In the meanwhile, I welcome the opportunity to speak with you, so please feel free to call or write me if you have any questions or concerns.

We look forward to having you join the CARNIVAL CENTER Volunteer Corps!

Evelyn Gigiras
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