

Center for Music Therapy, Inc.

711 W. 38th Street, Bldg. F-4 Austin, Texas 78705 Telephone 512.472.5016 www.centerformusictherapy.com

Volunteer Application

Please read carefully and complete by printing in ink or typing.

Last Name	FIISt	IVII	For Fersonner Ose Only	Date of Application
Street Address			Social Security Number	
City	State	Zip	Home Telephone	Work Telephone
Permanent Address (if di	fferent from above)		Email Address	Fax
	esent, or most recent,			byment, summer and part-time jobs. sumé in addition to completing this
Last or present employer	•		Job Title	
Street Address			Brief Description of Job Duties	
City	State	Zip		
Supervisor's Name	Tele	ephone		
Base Salary	From	ates Worked To	Reason for Leaving	
Last or present employer			Job Title	
Street Address			Brief Description of Job Duties	
City	State	Zip		
Supervisor's Name	Tele	ephone		
Base Salary	From	ates Worked To	Reason for Leaving	

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Volunteer Record

Starting with the present, or most recent, list all previous experience volunteering. If more space is required, please continue on a separate sheet.

Last or present volunteer location							
Street Address			Brief Des	cription of Dut	ies		
City	State	Zip					
Supervisor's Name	Tele	ohone					
Dates Worked From:	То:		Reason fo	or Leaving			
Last or present volunteer location							
Street Address			Brief Des	cription of Dut	ies		
City	State	Zip					
Supervisor's Name	Tele _l	ohone					
Dates Worked From:	То:		Reason fo	or Leaving			
Education							
School Name Loc		Location (City, St	Dates Attended State) From To GPA Degree		Degree Received		
			,				
Other Education/Training							
				•			•

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Professional/Work References

List two past supervisors and one person	(not related to you) who ha	ave knowledge of your	qualifications for the	position
for which you are applying				

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Name	Title/Relationship	Address (Street, City, State & Zip)	Telephone (with Area Code)	Occupation
May we contact your pre	esent employer?	Circle One Yes	s No	
Date Available				
I hereby certify that the answers misrepresentation or omission employed. I understand that my of birth, and any other pertinent upon the will of the company or i	of facts on my part will employment may be continformation bearing upon	be justification for separation tingent upon receipt of an ali	on from the compar en registration numb	y's service, if er, verification
Date	Sign	nature		

An Equal Opportunity Employer

below.

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

If any of your educational or employment records are under names, please provide those name in the space provided