



VOLUNTEER APPLICATION FORM

APPLICANT INFORMATION	
NAME:	D.O.B. (D/M/Y)
MAILING ADDRESS:	
PHONE (HOME):	PHONE (CELL):
E-MAIL:	
PREFERRED METHOD OF CONTACT: <input type="radio"/> E-MAIL <input type="radio"/> PHONE	CURRENT AN IKOUII ARTIST: YES NO

ARE YOU AN ARTIST WHO IDENTIFIES AS LIVING WITH A DISABILITY? <i>(optional)</i>	<input type="radio"/> YES <input type="radio"/> NO	JOIN OUR MAILING LIST
<input type="radio"/> I am an artist, but do not identify as living with a disability	<input type="radio"/> I am not an artist	<input type="radio"/> YES <input type="radio"/> NO

EMERGENCY CONTACT INFO		
NAME:	PHONE:	RELATIONSHIP:

TELL US ABOUT YOURSELF! WHAT SKILLS CAN YOU BRING TO IKOUII?

VOLUNTEER AREA(S) OF INTEREST: (check all that apply)			
<input checked="" type="checkbox"/> Social Media	<input type="checkbox"/> Fundraising	<input checked="" type="checkbox"/> Events	Graphic Design
<input checked="" type="checkbox"/> Artist Relations	<input type="checkbox"/> Other (please specify)		

TIME COMMITMENT		
<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	As Needed
<input type="checkbox"/> Other (please specify)		

THANK YOU FOR YOUR INTEREST!

For Office Use:
Received By: _____
Date: _____
Contacted: _____

The Ikouii Creative
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