

# Measures of Joy

## INTERNATIONAL



### Membership Form

**Please print.**

First name \_\_\_\_\_ Last name \_\_\_\_\_

D.O.B. (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email address \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

School \_\_\_\_\_ Current grade \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Relation \_\_\_\_\_

**Musical Ability:**

Instrument \_\_\_\_\_ Years of experience \_\_\_\_\_

Instrument \_\_\_\_\_ Years of experience \_\_\_\_\_

**Please check the ONE below that BEST describes your reason to volunteer with us:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Interest in being around the elderly | <input type="checkbox"/> School credit         | <input type="checkbox"/> Extra time available |
| <input type="checkbox"/> Passion to serve the community       | <input type="checkbox"/> Other, explain: _____ |   |

**How did you learn about *Measures of Joy*?**

- |   |  |
|---|--|
| <input type="checkbox"/> Family/friend        | <input type="checkbox"/> Flyer/Poster          |
| <input type="checkbox"/> Search engine result | <input type="checkbox"/> Other, explain: _____ |

**STATEMENT OF COMMITMENT:**

**As a *Measures of Joy* member, I will:**

- ✓ notify the branch director if I am available/unavailable for a performance
- ✓ abide by the rules and regulations of *Measures of Joy*, and of performance venues
- ✓ maintain the customer service standards in my interactions with the community

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

As the parent/guardian of the above prospective minor volunteer, I support and allow him/her this opportunity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date