



Volunteer Application

First Last

Phone Number email

Address

Age
(if under 18):____

City State Zip

Please check your skills:

- | | | | | | | | |
|--------------|--------------------------|------------|--------------------------|-----------------|--------------------------|----------------|--------------------------|
| MS Word | <input type="checkbox"/> | Youth Work | <input type="checkbox"/> | Teaching | <input type="checkbox"/> | Special Events | <input type="checkbox"/> |
| MS Excel | <input type="checkbox"/> | Typing | <input type="checkbox"/> | Exhibitions | <input type="checkbox"/> | Art Rental | <input type="checkbox"/> |
| QuickBooks | <input type="checkbox"/> | Research | <input type="checkbox"/> | PageMaker | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Retail Sales | <input type="checkbox"/> | Photoshop | <input type="checkbox"/> | Performing Arts | <input type="checkbox"/> | please list: | _____ |
| Gardening | <input type="checkbox"/> | Handyman | <input type="checkbox"/> | Janitorial | <input type="checkbox"/> | | _____ |

Please list your availability:

- | | | | |
|-----------|--------------------------|------------------|-------|
| Monday | <input type="checkbox"/> | Hours available: | _____ |
| Tuesday | <input type="checkbox"/> | | _____ |
| Wednesday | <input type="checkbox"/> | | _____ |
| Thursday | <input type="checkbox"/> | | _____ |
| Friday | <input type="checkbox"/> | | _____ |
| Saturday | <input type="checkbox"/> | | _____ |
| Sunday | <input type="checkbox"/> | | _____ |

Notes or Comments:

Thank you for your interest in volunteering. Please return your application to the Arts Council. The Volunteer Coordinator will contact you to discuss available opportunities.