

Volunteer Application

Date _____

Name:	Date of Birth:		
Mailing Address:			
City:	State:	_ Zip Code:	
Home Phone:	Cell Phone:		
Email:			
Preferred Contact Method	d (Circle one) :	Phone	Email
	es No		
Emergency Contact 1:			
Relationship:	Cell Phone:		
Availability: Mornings Weekends	Afternoons Weekdays		
Please mark your preferred inte	erests:		
Bulk Mailing Artists Rece Art Receiving Art Installations & De-Installation Special Events Other			
Summarize any applicable skills	and qualifications	you have acqu	ired from
education, employment, previou	s volunteer work, o	or other activitie	s. Also,
please note if you are fluent in	any languages oth	er than English.	

Thank you!