



VOLUNTEER FORM

CONTACT INFORMATION

Today's Date: _____

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

E-Mail Address: _____

AVAILABILITY (check all that apply)

Weekday: ___ mornings ___ afternoons ___ evenings

Weekend: ___ mornings ___ afternoons ___ evenings

INTERESTS (check all that apply)

___ Administration ___ Events ___ Event set up ___ Front desk

___ Gardening ___ Flyer posting ___ Other: _____

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.



EMERGENCY CONTACT

Name: _____
Street Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
E-Mail Address: _____

AGREEMENT & SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____
Signature: _____

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for your interest in volunteering with us!

The mission of the Jamestown Arts Center is to engage, enrich and inspire our community through extraordinary arts and educational experiences.