

# Volunteer Application



## Contact Information

Name	
Street Address	
City ST ZIP Code	
Cell Phone	
E-Mail Address	

## Availability

During which hours are you available for volunteer assignments?

___ Tuesday hrs:	___ Friday: hrs
___ Wednesday hrs:	___ Saturday hrs:
___ Thursday hrs:	___ Sunday hrs:

## Purpose

Are you here on behalf of a school, other?

School Name:	Other:
Teacher:	Class:

## Interests

Tell us in which areas you are interested in volunteering

___ Box Office	___ Music Program
___ Gift Shop	___ Concession
___ Grant Writing	___ Art Administration
___ Theatre Usher	___ Theatre Productions
___ Gallery Docent	___ General Office
___ Gallery Installations	___ Other

## Skills

Tell us in which skills you have

___ Bookkeeping	___ Sound
___ Fundraising	___ Electrical
___ Publicity	___ Lighting
___ Data Entry	___ Maintenance
___ Carpentry	___ Publicity
___ Graphic Design	___ Media Product
___ Computer Programs:	___ Other

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Parent or Guardian

Are you 18 or Older?	
If not, Parent or Guardian Must Provide Approval Signature	

### Agreement and 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	
Date	

### 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.

**Volunteer opportunities are subject to Board approval.**

Please email to [thecentro@att.net](mailto:thecentro@att.net)

Thank you for completing this application form and for your interest in volunteering with us.

### Staff Use Only

Received By: (Name)		
Date:		Contacted (date):