



Volunteer Application

Contact Information

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

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering. Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Front Desk/Gift Shop | <input type="checkbox"/> Soups On
(November 7-9, 2018) |
| <input type="checkbox"/> Gallery Sitter | <input type="checkbox"/> Fundraisers |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Data Entry/Computer |
| <input type="checkbox"/> Receptions | |
| <input type="checkbox"/> Art Fair:
(July 13 & 14, 2019) | |
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