

ROCHESTER ART CENTER

VOLUNTEER APPLICATION

GENERAL INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (daytime): _____ Phone (evening): _____

Email: _____

EXPERIENCE AND SKILLS

Highest Level of Education Completed: _____

Employer: _____ Position: _____

VOLUNTEER EXPERIENCE

Organizations: _____

Duties: _____

Hobbies/other interests: _____

What interests you about becoming a Rochester Art Center volunteer? _____

How did you find out about the volunteer program at the Art Center? _____

Do you have special skills or experiences that you think may help in your volunteer work at the Art Center? _____

Please indicate areas of interest:

- | | |
|---|---|
| <input type="checkbox"/> Gallery Shop | <input type="checkbox"/> Visitor Services |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Education | <input type="checkbox"/> Docents |
| <input type="checkbox"/> Internships | |

What are the best days and times for you to volunteer?

M T W TH F S SU

Morning Afternoon Evening

Are you a member of the Rochester Art Center? Yes No Interested in Joining

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Comments/Additional Information: _____

Signature: _____ Date: _____