

City Arts Volunteer Contact Information Form

Name: _____

Are you over eighteen years of age? Yes No

Address: _____

City: _____ State: _____ Zip _____

Email: _____

Home Phone: _____ Cell Phone: _____

What is the best way to reach you? _____

Emergency Contact: _____

Relationship: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

How many hours would you like to work per month? _____

General Availability:

Circle Days: Sun Mon Tue Wed Thu Fri Sat

Time of Day:

Check volunteer activities in which you are interested:

office help

mosaic/mural production

archiving

special events

cleanup/studio reorganization

other: _____

Please tell us about skills you can share with us (fundraising, media relations, art, experience working with kids, etc):

Please tell us why you would like to volunteer at City Arts or share any other information you would like us to know:

Does your employer make grants to nonprofits where their employees volunteer? If so, please explain how it works: