



Center for the Arts
Evergreen Cultivating Artistic Excellence

Volunteer Information

Name: _____

Address: _____

Phone: _____ **Cell:** _____

Email: _____

Emergency contact: _____

Phone: _____

Please tell us about:

Your work experience: _____

Your volunteer experience: _____

When are you available: ___ weekdays only ___ weekends only ___ am ___ pm

How many hours do you want to volunteer per month? _____

Do you prefer to work with: ___ children ___ teens ___ adults?

Volunteer opportunities:

___ Docent

___ Gallery receptionist

___ Opening parties (last Friday)

___ Exhibits (hanging/taking down)

___ Aide to classroom/workshops

___ General office

___ Landscaping

___ Art at the Lake (June, Jul., Aug.)

___ Summerfest

___ Winterfest

___ Other special skills _____