



Volunteer Corps of Atlantic Center for the Arts

(Please complete the front and back of this form to fully outline your volunteer interests.)

Name: _____ Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Date of Birth: Month _____ Day _____

Are you a permanent resident? Yes/No

If seasonal, circle months when you are in this area: **J F M A M J J A S O N D**

Local Address: _____

Are you employed? Yes/No Place of employment: _____

May we phone you there? Yes/No Phone: _____

Any physical restrictions? _____

In case of emergency, contact/relation: _____ Phone: _____

Please list any other civic/volunteer organizations in which you are currently involved.

Please list any special skills you have that would contribute to your volunteer efforts.

How did you learn about volunteering at Atlantic Center for the Arts?

Please mark all the areas in which you are interested in volunteering: (explanations on back of form)

___ Pabst Visitor Center & Gallery at ACA Main Campus

___ Atlantic Center's Harris House Gallery

___ Images: A Festival of the Arts (annually)

___ Horsin' Around Fundraiser (annually)

___ Community Day (annually)

___ **Gallery**

Provide assistance at the reception desk by answering phones, greeting visitors and

assisting with day-to-day operations as needed.

Circle the days and hours you are available to work:

(10 to 1 or 1 to 4 Tuesday thru Friday, 10 to 12 or 12 to 2 on Saturdays)

Tuesday Wednesday Thursday Friday Saturday Evening Evenings
am | pm am | pm am | pm am | pm am | pm Openings INsideOUT at ACA

Clerical

Provide assistance on an as-needed basis with mailings, data entry and special projects.

Education

Work with the community programming staff in assisting with hands-on workshops and community outreach programs, such as Children's Summer Art Camp, Saturday classes, and IMAGES creative education projects.

Hospitality

Provide support through the coordination and preparation of refreshments at gallery opening receptions, monthly volunteer meetings and special events.

Creative Projects

Create items to sell at the annual IMAGES Tour of Homes boutique, and other programs, as needed.

Fundraising Assistance

Support ACA through annual events such as IMAGES, Horsin' Around, Community Day, and others.

Additional comments:

Signature: _____ Date: _____



Thank you for your participation and support!

For office use only: Please forward completed applications and dues to volunteer coordinator.

PVC&G _____
HH _____
IMAGES _____
HA _____
COM _____

If joining the Harris House League, League dues of \$15.00 are due and payable at time of application.
Paid? Y/N

Who accepted application and dues? _____
Orientation appointment: _____

Gallery Clerical CAP/Education Hospitality Creative Projects Fundraising Assistance

Interviewed by: _____ Orientation Completed: _____

Membership Status: [] Active [] Charter Member Joined (Month & Year): _____