

Volunteer Application
The Buchanan Center for the Arts

Mission Statement

We enrich lives and promote enjoyment of the arts by offering opportunities for creative and diverse artistic experiences.

Date: _____

All information you provide will be kept confidential. Please print clearly.

Contact Information

Name _____
Title (Mr., Mrs., Ms.) First Name MI Last Name

Address: _____
Number & Street City State Zip

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

E-mail _____ Date of Birth (If under 18 years of age) _____

Emergency Contact Name _____ Phone _____

Describe your special skills and/or interests: _____

Program Interests: See attached position descriptions.

- | | | | | | |
|----------------------|-----------------------|---------------------|-----------------------|-------------------|-----------------------|
| Events/Opening | <input type="radio"/> | Gallery/Exhibits | <input type="radio"/> | Performances | <input type="radio"/> |
| Office Assistance | <input type="radio"/> | Gift Shop | <input type="radio"/> | Fundraising | <input type="radio"/> |
| Maintenance/Cleaning | <input type="radio"/> | Assist with Classes | <input type="radio"/> | Art Presenter | <input type="radio"/> |
| Teacher | <input type="radio"/> | Membership | <input type="radio"/> | Grounds/Gardening | <input type="radio"/> |

Availability:

Day(s) Available (Check all that apply): Tues Wed Thurs Fri Sat

Time of Day: (Check all that apply): Morning Afternoon Evening

Are you a member of the Buchanan Center for the Arts: Yes _____ No _____

I authorize the Buchanan Center for the Arts to take and use photographs/video of myself. Yes No

I agree to maintain the confidentiality of all proprietary or privileged information to which I am exposed while serving as a volunteer.

Signature _____ Date _____

Parent or Guardian Signature _____ Date: _____

(If under 18 years of age)