

Artists Workshop Volunteer Application

Date _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Cell** _____ **Email** _____

Emergency Contact Name & Phone- _____

DAYS & TIMES AVAILABLE (check all that apply)

AM

PM

Monday -

Tuesday -

Wednesday

Thursday -

Friday -

Saturday -

Sunday -

Special Events or Projects -

Tasks (check all that apply)

Fund raising () Marketing () Special Events () Office Support ()

Maintenance () Gallery () Social Media () Membership ()

Please summarize experience, special skills and interests.

Thank you for your support! Please return application to our studio office or send via email to volunteers.artistsworkshopsb@gmail.com or Contact us at 386 424 9254 with any questions