

LeMoyne Arts VOLUNTEER APPLICATION

Thank you for your interest in volunteering with LeMoyne Arts, we look forward to working with you. Training and duties vary throughout volunteer opportunities.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Any special talents or skills?

Interests: Please tell us which areas you are interested in volunteering

Assisting in gallery

Events

Education events & programs

Other _____

Please indicate days available:

Mon: From _____ to _____ Tues: From _____ to _____

Wed: From _____ to _____ Thur: From _____ to _____

Fri: From _____ to _____ Sat: From _____ to _____ Sun: From _____ to _____

Any physical limitations? _____

In case of emergency contact: _____

As a volunteer of this organization I agree to understand and follow LeMoyne Arts policies and procedures to the best of my ability. I understand that I am responsible for my safety, actions and state of health while volunteering with LeMoyne Arts. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Are you 18 or over? Yes No

Parental/ Legal guardian permission:

I, _____, being the legal guardian of _____
Parental Guardian Authorized Signature Volunteer name

consent and authorize _____ to act as a volunteer with LeMoyne Arts.
Volunteer name

Signature: _____ Date: _____
Volunteer Authorized Signature