Volunteer Application

Name _____ Date _____

Home Address _____

City_____ State_____ Zip_____

Cell Phone _____

Email (print slowly): _____

OK to send you text? **YES** **NO**

Identify any **special skills** or **unique talents** you have that may help the VB-AC Volunteer Program

_____

_____

Describe your comfort level with computers: _____

_____

How often would you like to volunteer? _____

Circle your availability:

Weekdays Weekends First Friday Events (evening) Other:

Please list 2 references on the back of this form (Name, phone number, relationship to you).

Complete this form and **submit** via email below or to the Volunteer Mailbox at the Reception Desk. We will be in touch for a meeting to match your interests with the jobs available.

Questions? Contact Margaret Foltz at 757-425-6671 or executivedirector@artcentervb.org