



Volunteer Application Form

Name _____ Date _____

Home address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Can we text you? _____

Email (Print legibly) _____

Our primary method of contact with volunteers is via email.

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

Volunteer Availability for Reception Desk (Circle best days/times for you)

Weekdays:	Tuesday	Wednesday	Thursday	Friday
	Morning (10am - 1:30pm)	Afternoon (1:30 - 5pm)		All Day

Weekends:	Sat Morning (10am - 1pm)	Sat Afternoon (1 - 4pm)	Sunday (noon - 4pm)
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How often would you like to volunteer? _____

Disclosure:

Have you ever been convicted of a crime? _____ If yes, please explain _____

Background Check: Required for those working with minors and will be completed prior to working with children.

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

Complete this form and submit it 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 (757) 425-6671 or executivedirector@artcentervb.org