



Volunteer Information Sheet

Home Of



Name _____ Date _____

Home Phone _____ Cell Phone _____

Email address _____

Home address _____

Primary interests in volunteering:

Skills you have that may help The Artists Gallery and Virginia Beach Art Center

Desired Hours Per Week or Month/Time Frame (i.e., 2x month, mornings are best)

How did you hear about this opportunity?

Please give 2 references (Name, phone number, relationship):