

 south county art association  
volunteer application form

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Are you a SCAA member? \_\_\_\_\_

In what areas do you wish to volunteer? (office, marketing, fundraising, hospitality, events)

What days and times are you available to volunteer? (please specify days, times and length of commitment you would like to make). We're open Wednesdays-Sundays from 1-5pm.

What skills, special interests, hobbies, life experience do you have that may be relevant to the volunteer role you are applying for?

Previous employment experience.

Education:    High School    College    Graduate School    Other

Emergency Contact (name & phone number) \_\_\_\_\_