

ROCHESTER ART CENTER

VOLUNTEER APPLICATION

GENERAL INFORMATION

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone (daytime): _____ Phone (evening): _____
Email: _____

EXPERIENCE AND SKILLS

Highest Level of Education Completed: _____
Employer: _____ Position: _____

VOLUNTEER EXPERIENCE

Organizations: _____
Duties: _____

Hobbies/other interests: _____

What interests you about becoming a Rochester Art Center volunteer? _____

How did you find out about the volunteer program at the Art Center? _____

Do you have special skills or experiences that you think may help in your volunteer work at the Art Center? _____

Please indicate areas of interest:

Gallery Shop Visitor Services
 Administrative Special Events
 Education Docents
 Internships

What are the best days and times for you to volunteer?

M T W TH F S SU
 Morning Afternoon Evening

Are you a member of the Rochester Art Center? Yes No Interested in Joining

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Daytime Phone: _____ Evening Phone: _____
Comments/Additional Information: _____

Signature: _____ Date: _____

Please return completed application to:
Rochester Art Center • Attn: Adam Bergstrom, Volunteer Coordinator
40 Civic Center Drive SE • Rochester, MN 55904 • 507-282-8629 • abergstrom@rochesterartcenter.org