



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
- Administrative
- Education
- Internships
- Visitor Services
- Special Events
- Docents

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
 Jennifer Buddenhagen, Volunteer Coordinator
 40 Civic Center Drive SE
 Rochester, MN 55904
 507-282-8629
 jbuddenhagen@rochesterartcenter.org