



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: _____