

Volunteer Application

305 N. 5th Street Norfolk, NE 68701
402-371-7199
norfolkartscenter.org



Contact Information

| | |
|-----------------------|--|
| Date | |
| Name | |
| Street Address | |
| City, State, Zip code | |
| Home Phone | |
| Cell Phone | |
| E-Mail Address | |
| Occupation | |

Court Ordered

No Yes If yes how many hours: _____ Duration: _____

Availability

During which hours are you available for volunteer assignments? (Please mark all that apply)

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering (Please mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Front Desk (customer service) | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Office Work (mailings, labeling) | <input type="checkbox"/> Maintenance (electrical, carpentry) |
| <input type="checkbox"/> Gallery Assist (hanging art, taking down shows) | <input type="checkbox"/> Theatrical (stage help, ushering, ticket sales) |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Deliveries | <input type="checkbox"/> Computer Data Entry |
| <input type="checkbox"/> Phone bank | <input type="checkbox"/> Organizing (Classroom, art library) |
| <input type="checkbox"/> Advertising (distributing flyers) | <input type="checkbox"/> Artists' Corner (selling jewelry, small art) |

Other (please explain other ideas/areas of interest)

Special Skills or Qualifications

Summarize special skills, training and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Why are you interested in volunteering at NAC and how did you hear about us?

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Thank you for completing this application form and for your interest in volunteering with us. If you have any additional questions, please contact Sherry at director@norfolkartscenter.org or call 402-371-7199.

For Office Use:

Date Turned In: _____ Date Entered Electronically: _____

Canidate: _____
