



Volunteer Application

The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

List any special talents or skills you have that you feel would benefit our organization:

Interests: Please tell us the areas in which you are interested in volunteering (check all that apply).

Administration Events Hospitality Fundraising Marketing Education Gallery Attendant

Please indicate days and times available:

| Day | Times | Day | Times |
|-----------|----------------|----------|----------------|
| Monday | _____ to _____ | Tuesday | _____ to _____ |
| Wednesday | _____ to _____ | Thursday | _____ to _____ |
| Friday | _____ to _____ | Saturday | _____ to _____ |
| Sunday | _____ to _____ | | |

List any physical limitations: _____

Emergency contact: _____

As a volunteer for Arts of Southern Kentucky, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees, and affiliates cannot assume any responsibility or any liability for any accident, injury, or health problem that may arise from any volunteer work I perform for the organization. I agree that all the work I do is as a volunteer and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____