



FARMINGTON VALLEY ARTS CENTER

VOLUNTEER APPLICATION

NAME: _____ DATE _____

ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL: _____

REFERENCE: _____ PHONE: _____

Please indicate below what days/hours you might like to volunteer:

	Morning Hours	Afternoons Hours	Evening Hours
Mondays (office)			
Tuesdays			
Wednesdays			
Thursdays			
Fridays			
Saturdays			

Please indicate any areas of interest you have in volunteering:

<input type="checkbox"/>	Office/Administrative work
<input type="checkbox"/>	General Gallery Assistance and exhibition set up
<input type="checkbox"/>	Gift Shop Assistance and Sales
<input type="checkbox"/>	Special Events
<input type="checkbox"/>	First Saturday Studio/Artist Assistance and/or studio sitting
<input type="checkbox"/>	Recruitment activities for volunteers, memberships, artists, donations
<input type="checkbox"/>	Assistance with merchandise, consignments, displays
<input type="checkbox"/>	Cleaning, painting, sweeping, etc.
<input type="checkbox"/>	Other? Specify -

Farmington Valley Arts Center~ 25 Arts Center Lane~ Avon, CT 06011~
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