# **ARTSPACE** Volunteer Application Form

Name _____

Email _____

Phone number(s) _____

Address _____

_____

Available start date (mm/dd/yy) / /

How would you like to help?
(check all that apply)

☐ Gallery Sitting
☐ Events
☐ Installation / Tear Down
☐ Mail Outs / Library Cataloguing
☐ Committee Work

When are you available?
(circle all that apply)

| Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|
| Day / Evening | Day / Evening | Day / Evening | Day / Evening | Day / Evening |

Are you interested in a regularly scheduled position? Y / N

Do you have access to a vehicle? Y / N

Do you have Smart Serve? Y / N

Are you currently an ARTSPACE member? Y / N

Tell us about any previous gallery experience you've had:

Why are you interested in volunteering at ARTSPACE?