



Volunteer Application

We appreciate you taking the time to fill out this application. The information you provide will assist us in placing you in an appropriate volunteer opportunity that will match your skills and interests.

PLEASE PRINT CLEARLY. Thank you.

General Information

Name: _____ Preferred Name: _____

Mailing Address: _____ City/Town/Zip _____

Telephone: Home - _____ Best time to call: _____

Work - _____ Best time to call: _____

Cell - _____ E-mail: _____

Person to contact in case of an emergency: _____ Phone: _____

Previous Volunteer Experience: _____

How did you become interested in Arts Mid-Hudson and what prompted you to become involved as a volunteer?

When are you available to volunteer (weekdays, weekends, mornings, afternoons, evenings)? Please be as specific as possible.

Skills and Abilities

Please indicate which skills and abilities you would be interested in sharing with us.

- Advertising
- Retail/gift shop: organizing ___
assisting in the operation ___
- Computer skills
- Data entry
- Heavy Lifting/ Moving/ Hauling
- Host/Hostess
- Internet research
- Mail-outs
- Social Media
- Proposal writing
- Publishing, newsletters, posters, etc.

- Receptions
- Selling raffle / event tickets
- Soliciting sponsors / in-kind donations
- Sound system/audio knowledge
- Volunteer recruitment
- Training other volunteers

- Speak other languages
please list languages: _____
- Special events: managing
- Special Events: set-up & tear-down
- Special Events: operation

Other (please specify): _____

Areas of volunteer interest

If possible, please indicate which opportunities you are most interested in:

- General (answer phone, mailing preparation, other general office work __morn __afternoon)
- Gallery / shop (greet visitors, provide printed information __ morning __ afternoon)
- Community events (outside office, distribute information, help set up and take down)
- Events (help with set up, clean up for party events, programs, and workshops)

References

Please provide two references. One may be a personal or social reference (**no family members**).

1) Name: _____ Relationship: _____

Mailing address (please include postal code): _____

Daytime telephone number: _____

2) Name: _____ Relationship: _____

Mailing address (please include postal code): _____

Daytime telephone number: _____

Your signature gives the Arts Mid-Hudson permission to contact your references.

Signature Date