



VOLUNTEER CANDIDATE PROFILE

Date _____

PERSONAL INFORMATION

Name _____ Home Phone _____

Email _____ Work Phone _____

Mailing Address _____ Cell Phone _____

City _____ State _____ Zip _____

EMERGENCY CONTACT

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

INTERESTS & EXPERIENCE

Please describe your special skills:

(Optional: Attach resume)

Check all that apply:

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Phone skills <input type="checkbox"/> Administrative/clerical work <input type="checkbox"/> Computer input / data entry <input type="checkbox"/> Proofreading publications <input type="checkbox"/> Project management <input type="checkbox"/> Organizing small parties and special events | <input type="checkbox"/> Marketing and Promotion <input type="checkbox"/> Fundraising <input type="checkbox"/> Graphic Design <input type="checkbox"/> Writing articles/letters <input type="checkbox"/> Public Relations <input type="checkbox"/> Web development/design <input type="checkbox"/> Social media | <input type="checkbox"/> Carpentry <input type="checkbox"/> Technology (List: _____) <input type="checkbox"/> Exhibits Installation <input type="checkbox"/> Stage/lights/sound design and/or operation <input type="checkbox"/> Facility maintenance (cleaning, painting, etc.) | <input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Customer Service <input type="checkbox"/> Greeting / Ushering <input type="checkbox"/> Photography <input type="checkbox"/> Preparing/serving food <input type="checkbox"/> Public Speaking <input type="checkbox"/> Teaching (age group: _____) |
|---|---|--|--|

Are there any special skills or interests you would like to develop or work you would like to do at Arts on the Lake?

Please describe what you would like to get from your volunteer experience at Arts on the Lake:

AVAILABILITY

| Days | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--|--------|---------|-----------|----------|--------|----------|--------|
| Hours Available (e.g., 11-2pm) | | | | | | | |

STUDENTS UNDER AGE 18

Parent Signature & Date _____

If you are fulfilling an academic requirement, enter hours required _____ completion date _____ and name of school: _____ .