Volunteer Application

Thank you for your interest in volunteering with the Richmond Art Center. Please complete this volunteer application below and return it to the Richmond Art Center. Once accepted, all volunteers are invited to attend a volunteer orientation.

APPLICANT INFORMATION				
Name	Age	Occupation		
Address	City	Zip Code		
()				
Phone Number(s)		Email		
Do you have any medical or physical prob	olems that we should	I be aware of? O YES O NO		
If yes, please explain				
Education (circle highest level completed):			
GRADE 7 8 9 11 12 COLLEGE	1 2 3 4 GRA	DUATE 1 2 3 4		
		()		
Emergency Contact: Name		Phone Number		
WHAT TYPE OF VOLUNTEERING ARE		HOW DID YOU HEAR ABOUT OUR		
YOU INTERESTED IN? Check all that appl	у	VOLUNTEER OPPORTUNITIES		
O Receptionist/Administrative Asst.		O Art Center Announcement		
O Education Department Asst. (this is r	not a teacher's asst.	position) O Radio		
O Special Events & Projects		O Newspaper		
O Facilities Asst.		O School		
O Grant Writing Asst.		O At Work		
O Teaching Asst. (on and off-site oppo	ortunities available)	O Via another nonprofit (please list)		
O Exhibitions Asst.				
O Communications/Writing Asst.	O Online (please list website)			
O Graphic Design Asst.		O Othor (places and if i)		
O Photographer/Videographer		O Other (please specify)		
O Court Mandated Community Service non-violent misdemeanors only	e	Application continues		



Applicant's Name	Signature	Date
Thank you.		
9	ou understand the lack of Worker's nond Art Center and the photo rel	's Compensation coverage as it relates to your lease.
		vertising, publicity, and promotion relating thereto.
my or my child(s) photograph, v	video recording or image with or	without my or my child's name, both singly and in
tion in this activity. I (we) also w	ill follow the rules and regulations	s set by the Organization and above named parties hereby grant and give these groups the right to use
Art Center, I hereby release and	discharge the Organization, and	its representatives, successors, and assigns, from (he/she) may suffer as a result of my (our) participa
		rker's Compensation coverage to volunteers or child's) participation in activities at the Richmond
RICHMOND ART CENTER VOLU	NTEERS & COMMUNITY SERVICE	WAIVER
Reference 3: Name & Job Title /	Position	Phone Number
If you have over 50 hours of com	nmunity service, please provide a 3	rd reference
Reference 2: Name & Job Title /		Phone Number
Reference 1: Name & Job Title /	POSITION	Phone Number
PROFESSIONAL REFERENCES (re		
what date is your community so	ervice due?	
	•	nplete?
Please note: The Art Center can't a	ccommodate applicants who need to	o complete a substantial amount of hours in a short tim
COMMUNITY SERVICE APPLICA	NTS ONLY	
·	·	
• •	to begin?	
Do you prefer to work: O Half	f Day O Full Day O Other	·:
O Monday O Tuesday	O Wednesday O Thursday	O Friday O Saturday O Sunday

AVAILABILITY