



Suffolk Center for Cultural Arts
 110 West Finney Ave.
 Suffolk, VA 23434
 www.SuffolkCenter.org

Volunteer Application

OFFICE USE:
 RECEIVED _____ ATTENDED ORIENTATION

Volunteer Name: _____

Address: _____
 _____ Apt: _____
 City _____ State: _____ Zip: _____

Home Phone: () -

Cell Phone: () -

Email: _____

Under 18? Date of Birth: ____/____/____ Guardian's Name: _____
 Guardian's Phone: _____

Emergency Contact Name: _____ Relationship: _____
 Daytime Phone: _____ Evening Phone: _____

Volunteer Opportunities Please check which volunteer opportunities interest you.

Usher/ Greeter Gift Shop Special Events
 Gallery Greeter Receptionist/Office Support Photographer
 Community Outreach/Tabling Bartender Summer Camp

Availability Please check the days and times you are generally available to volunteer.

	MON	TUES	WED	THURS	FRI	SAT	SUN	Routine Volunteer Schedule e.g. Every Tuesday Afternoon
Morning (9am-1pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Afternoon (1pm-5pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evening (5pm-10pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Skills & Training Please list any particular skills or professional training you may have. For example, experience with fundraising, marketing, merchandising, children, hospitality, visual and performing arts, art education. Please also list any other skill you have, whether or not they are related to the arts.

Volunteering Experience Please describe any previous volunteering experience you may have.

DATE	ORGANIZATION	DESCRIPTION

Why are you interested in Volunteering? _____
 Are you required to earn volunteer hours by a school or organization? ___ Yes ___ No
 If so, which school or organization? _____

REALLY IMPORTANT STUFF THAT YOU AGREE TO BY SIGNING BELOW:

- Volunteers will be required to attend an **ANNUAL TRAINING ORIENTATION**.
- I understand that the SCCA reserves the right to conduct a **BACKGROUND CHECK** of all volunteers.
- Unless otherwise notified, this form will serve as **PERMISSION to the Suffolk Center for Cultural Arts (SCCA) TO USE PHOTOGRAPHY of the above-named volunteer for publications/advertisements in print or electronic media.** I consent the use of my name, likeness, voice, and biographical material in connection with the SCCA publicity.

Signature _____ Date _____