



Suffolk Center for Cultural Arts
 110 West Finney Avenue
 Suffolk, VA 23434
 757.923.0003
 www.SuffolkCenter.org

Volunteer Application

OFFICE USE:
 RECEIVED _____ attended orientation

Volunteer Name: _____

Address: _____

Home: () _____

Cell: () _____

Email: _____

Under 18? Date of Birth: ____/____/____ Guardian: _____ Guardian Phone: () _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____
 Daytime Phone: () _____ Evening Phone: () _____

Volunteer Opportunities

Please check which volunteer opportunities interest you.

- | | | |
|--|--|---|
| <input type="checkbox"/> Usher/Greeter | <input type="checkbox"/> Retail Support | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Facility/Grounds Keeping | <input type="checkbox"/> Receptionist/Office Support | <input type="checkbox"/> Box Office |
| <input type="checkbox"/> Exhibit Registrar/Assistant | <input type="checkbox"/> Marketing/Material Distribution | |
| <input type="checkbox"/> Gallery Attendant | <input type="checkbox"/> Flower Guild | |

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, hospitality, visual or performing arts or arts education. Please also list any other skills you may 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 your 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 PHOTOGRAPHS of the above-named volunteer for publications/advertisements in print or electronic media.** I consent to the use of my name, likeness, voice and biographical material in connection with SCCA publicity.

Signature _____ Date _____

Please return to:

Volunteer Coordinator | Suffolk Center for Cultural Arts | 110 W. Finney Avenue | Suffolk | VA 23434
 jesters@suffolkcenter.org | (757) 923-9699 fax