

VOLUNTEER FORM



Thank-you for your support!

Have you volunteered at the GAC before? Please check one.

- No.
- Yes. Describe the most recent time? _____

Contact Information

Last Name _____ First Name

Street Address

City _____ State _____ ZIP

Home Phone _____ Cell Phone _____ Emergency Name & Phone #

Email Address

Availability

- Mornings Afternoons Evenings
- Mondays Tuesdays Wednesdays Thursdays
- Fridays Saturdays Sundays

Level of Commitment



Are you interested in any of the Arts Center's Program Councils?

- Education Program Council
- Events Program Council
- Music Program Council
- Operations Support Team
- Theatre Arts Program Council

Points of Interest:

- Art Inventory
- Bartending
- Costume & Prop Sorting
- Gallery Maintenance
- Front Desk
- Musician
- Performance Setup
- Photographer
- Poster/Flyer Distribution
- Ticket Taking
- Video/Music Technician
- Other _____
- Other _____