



Spruill Center FOR THE Arts

CLASSES • EVENTS • GALLERIES

Volunteer Application

Date: _____

Name: _____
 First M.I. Last

Home Address: _____

City: _____ Zip Code: _____ County: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Why are you interested in becoming a volunteer for the Spruill Center for the Arts?

What kind of volunteer work do you wish to pursue with the Spruill Center for the Arts?

Circle days available: Sun Mon Tue Wed Thur Fri Sat

Circle times of day available: Morning Mid-Day Afternoon Evening

Please list present & previous volunteer experience and length of time with each organization.

Special skills or training: _____

If you are presently employed, please state your employer's name and address:

How did you hear about us? (Volunteer, Friend, Co-worker, Student, Catalog, Web Site)?

Personal reference: Name: _____ Phone () _____

Emergency contact: Name: _____ Phone () _____

Thank you for your interest in volunteering at the Spruill Center for the Arts!

OFFICE USE Interview Date: _____ Interviewed By: _____

Volunteer Position(s): _____

Comments: _____