



BARRETT ART CENTER VOLUNTEER APPLICATION

Name: _____

Address: _____

Day phone _____

Evening _____

E-mail _____

Emergency contact _____

Other languages written and spoken _____

How did you find out about the Barrett Art Center?

Is this your first time volunteering for an organization? If yes, thank you. If you have volunteered elsewhere please list the organization(s) and your responsibilities below, and length of time volunteering.

Special skills or interests.

