



Volunteer Application

Name: _____ Date: _____

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

Phone: _____ Birth Date: _____ Email: _____

Occupation: _____

Skills & Interests: _____

LAC member? Yes ___ No ___ Have you attended previous classes? Yes ___ No ___

How did you find out about volunteer work at LAC? _____

Availability (Please list the hours you are available to volunteer at LAC):

Time	Monday	Tuesday	Wed.	Thurs.	Friday	Sat.	Total
morning							
afternoon							
evening							

Are you required to do volunteer work? Yes ___ No ___

If yes, please explain: _____

Volunteer opportunities (Please check all that you are interested in):

- | | |
|--|---|
| <p>_____ Gallery Shop Assistant</p> <p>_____ Backstage Cast Supervisor*</p> <p>_____ Food and Concessions*</p> <p>_____ Special Events Coordinator*</p> <p>_____ Preschool Assistant</p> <p>_____ <i>Arts in Action</i> delivery</p> | <p>_____ Arts Education Aide</p> <p>_____ Arts Education Studio Aide</p> <p>_____ Director of First Impressions</p> <p>_____ Tech Aide</p> <p>_____ Volunteer Usher Corps*</p> <p>_____ Volunteer Bartender*</p> <p><i>*See attached schedule of events</i></p> |
|--|---|

**VOLUNTEERS WORKING DIRECTLY WITH CHILDREN WILL REQUIRE
BACKGROUND CHECKS AND REFERENCES**