



BLACK BELT TREASURES CULTURAL ARTS CENTER

Guild Volunteer Application

Date _____

Are you a BBTCAC Guild Member? Yes No

GENERAL INFORMATION

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____ County _____

Email 1 _____ Email 2 _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

VOLUNTEER EXPERIENCE

Volunteer Organizations, Roles, & Duties _____

Hobbies & Arts/Cultural Interests _____

Why do you want to volunteer at BBTCAC? _____

AREA(S) OF INTEREST

- | | |
|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Step-on Tour Guide |
| <input type="checkbox"/> Development/Grants/Membership Support | <input type="checkbox"/> Special Event Staff & Support |
| <input type="checkbox"/> Arts Education Support (Youth @ BBTCAC) | <input type="checkbox"/> Outdoor and Grounds Maintenance |
| <input type="checkbox"/> Arts Education Support (Youth @ Off-Site) | <input type="checkbox"/> Marketing & Public Relations Support |
| <input type="checkbox"/> Arts Education Support (Adults @BBTCAC) | <input type="checkbox"/> Educational Writer (PR/Bio's/Item Descriptions) |
| <input type="checkbox"/> Arts Education Support (Special Events) | <input type="checkbox"/> Computer/Website Support/Technology |
| <input type="checkbox"/> Pottery Studio Support (kiln/studio) | <input type="checkbox"/> Gallery Worker |
| | <input type="checkbox"/> Other _____ |

AVAILABILITY

Start Date: _____ Total Hours you would like to volunteer per week/month _____

Circle all days available: Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays Sundays

Check all times of day available: ___ Mornings (9-1) ___ Afternoons (1-5) ___ Evenings (5-9)

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Comments or Additional Information (Allergies/Medical Alerts) _____

Signature _____ Date _____