



## VOLUNTEER INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

*What type of volunteer work are you available for?*

- Office
- Bulk Mailings
- Receptions – Gallery
- Hosting – Gallery
- Usher - Theater
- Ticket Sales – Theater
- Other \_\_\_\_\_

Are you interested in being contacted for special projects? Yes \_\_\_\_\_ No \_\_\_\_\_

What types of activities are you most interested in? Adult Programs \_\_\_\_\_ Youth Programs \_\_\_\_\_ Both \_\_\_\_\_

**Thank you for your interest in volunteering for the Cherokee Arts Center! We recognize our volunteers as an integral part of this organization. Someone will contact you soon to welcome you to our family.**

**CAC Admin. Only**

Contact Date \_\_\_\_\_

Notes

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