



Buchanan Art Center Volunteer Form

Name: _____ Address: _____

Home Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact _____ Telephone: _____

Occupation: _____

The following are the areas we are in most need of volunteers. Please indicate which of these areas you feel you would best use your time and talents:

_____ Desk Volunteer* _____ Distribution of Brochures (Businesses in Buchanan and Niles)*

_____ Food Catering/Baking for Receptions _____ Music for Receptions and Special Events

_____ Assist in Special Projects/Fundraisers _____ Modeling for Art Classes

_____ Teaching/Assisting Teachers _____ Assist in Grant Writing

_____ General Housekeeping _____ Occasional Painting (Interior walls)

Items with an () are vital at this time

Please list any special talents, skills or hobbies that may be useful to us during your time as a volunteer at the BAC:

Please list any allergies or health problems you may have: _____

Sign: _____ Date: _____

(If under 18 years of age, parent must sign this document.)

Parent Signature: _____ Date: _____

We thank you for taking the time to provide us with this information. It is important to the BAC to make this a pleasant experience for our volunteers. Your dedication is most important to us.