

Volunteer Information Sheet

The Cultural Arts Center at Glen Allen

Date: _____

Contact Information:

Name: _____ Birthday: (m/d/yyyy) _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone numbers:

Home (____) _____ - _____

Work (____) _____ - _____

Preferred method of contact (check one):

This is my preferred method of contact

This is my preferred method of contact

Email: _____ This is my preferred method of contact

Volunteer Participation and Interests:

Please indicate below the events or assignments for which you have previously volunteered as well as those for which you would be interested in donating your time.



volunteered
interested

Events

- Arts Celebration (March)
- 10th Anniversary Gala (April)
- Glen Allen Day (September)
- Tree Lighting Ceremony (December)
- Other: _____

volunteered
interested

Assignments

- Ushering
- Box office
- Front desk
- Gallery openings
- Gift shop
- Crafts or creative projects
- Mailings or office projects
- Display cases
- Other: _____

Skills and Training:

If you have any particular skills or professional training, please include more information below.
For example: Experience with fundraising, IT, marketing, consulting, merchandising, hospitality, or strategic planning.
 Please also list any other skills you may have, whether or not they are related to the arts.



Volunteering Experience:

Please provide information on any previous volunteering experience in the space below.



Date(s)	Organization	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Traits:

Please identify which three (3) of the following traits you best identify with. This information will be used to determine which volunteer opportunities would be great matches for you!

- | | | |
|---------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Proactive | <input type="checkbox"/> Creative |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Organized | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Hands-on | <input type="checkbox"/> Flexible | <input type="checkbox"/> Dependable |

Questions for All Volunteers:

Why are you interested in volunteering? _____

Are you required to earn volunteer hours through your school or organization? Yes No
If so, which school or organization? _____

Questions for Previous Volunteers:

When did you start volunteering at The Cultural Arts Center at Glen Allen? _____

Why did you choose to volunteer at The Center? _____

What was the last event or assignment that you were able to help with here? _____

Emergency Contact Information:

Please list the name and information for someone we can contact for you in the event of an emergency.

Name	Relationship	Phone Number (day)	Phone Number (evening)
_____	_____	_____	_____

I understand that The Cultural Arts Center at Glen Allen reserves the right to screen out inappropriate candidates by conducting a background check.

Signature: _____ Date: _____

Please return this form to the **Guest Services Associate at The Cultural Arts Center at Glen Allen**
2880 Mountain Road, Glen Allen, VA 23060 • (804) 261-ARTS (2787) • info@artsglenallen.com