

# 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

- Glen Allen Day (September)
- El Dia De Los Muertos (October)
- 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.

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## 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