Participate! BE A VOLUNTEER

(PLEASE PRINT CLEARLY)

Name: _____, _____
Last First Middle Initial

Phone/Home: _____ Cell: _____
Work: _____ Email: _____
Website: _____ Other: _____
Address: _____
City: _____ Zip: _____

Volunteers must be at least 14 years old. *If you are between 14-17, you will need a parental/guardian permission slip. Are you 18 years or older? ___ Yes ___ No
____ Middle School ____ High School ___ Home schooled
____ College ____ Other ___ Retired

I would like to volunteer to assist in: (check specifics, please)

____ The Purcell Gallery: ____ Information Desk ____ Docent _____ Setup Show

____ Evening programs: Theatre Team ___ tickets ___ host ___usher ___ backstage ___tech

____ Special Events: ___setup ___ takedown ___ catering ___ serving ___ cleanup

____ Camps ___ After-school programs: coordinator & teacher aides

____ Community Outreach: distributing marketing flyers & posters for Center events.

____ Fundraising: ___ Calls ___ Events, ___ Marketing: ____ Flyer/Poster Distribution

____ I am currently certified in First Aid Training. In CPR training? _____

____ I have professional experience teaching: _____
_____
I have taught in these levels: ____ elementary ____ middle school ____ high school
____ college ____workshops

Additional information to share: _____
_____

MAIL TO: The Louisa Arts Center, Attn: Director, PO Box 2119, Louisa, VA 23093
Thank you!