

## **Volunteer Application**

Name:		
Address:		
City:	State:	Zip
Phone Number (Cell):	Home:	
Emergency Contact Name:		Phone:
Email:		
My experience can best be utilized in the f	ollowing area(s):	
Front Desk Marketing	Hanging Exhibits	Receptions
Special Events Data Entry	Office Support	Gift Support
Tabling Ability to lift 2	25 lbs Art Walk	
Other (Please describe)		
Date you can start:	#of hours per week	
TuesdayWednesdayThursday	FridaySaturday	
Do you prefer 9:00am-1:00pm or 1:00	0pm to 4:00pm or 5:00pm to	0 10:00pm*
		*Evening hours are for special events & desk coverage of evening pottery sessions.
Please e-mail c	completed form info@pas	coarts.org
	Pasco Fine Arts Council	
	4145 Fairford Drive	
,	New Port Richey, FL 34652 P.O. Box 323 (mailing address)	
	Elfers, FL 34682	