



Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number (Cell): _____ Home: _____

Emergency Contact Name: _____ Phonw: _____

Email: _____

My experience can best be utilized in the following area(s):

Front Desk _____ Marketing _____ Hanging Exhibits _____ Receptions _____

Special Events _____ Data Entry _____ Office Support _____ Gift Support _____

Library _____ Ability to lift 25 lbs _____

Other (Please describe) _____

Date you can start: _____ #of hours per week _____

Which days are most convenient for you?

Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____

Do you prefer 9:00am-1:00pm _____ or 1:00pm to 4:00pm _____

Please e-mail completed form to pacart3@gmail.com

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