

VISUAL ARTS CENTER of RICHMOND
VOLUNTEER APPLICATION
(PLEASE PRINT)

Date: _____

NAME:

STREET:

CITY/STATE/ZIP:

DAY PHONE:

EVENING PHONE:

EMAIL ADDRESS:

AGE GROUP (circle one): Child Teen Adult Senior

AREAS OF INTEREST
(CHECK ALL THAT APPLY)

✓	AREA	DESCRIPTION
<input type="checkbox"/>	General Administrative	Reception, typing, filing, etc. Knowledge of Microsoft Office or similar program required.
<input type="checkbox"/>	Special Events	Set-up & take-down, Visitor Services. Events both at Hand Workshop and off-site.
<input type="checkbox"/>	Teaching Assistant	Assisting instructors in classrooms.
<input type="checkbox"/>	Facilities	Cleaning, painting, organizing equipment and supplies.
<input type="checkbox"/>	Archives	Organizing and maintaining archives of promotional materials, clippings, photographs and periodicals.

SPECIAL SKILLS & INTERESTS

(INDICATE ANY SPECIAL SKILLS OR KNOWLEDGE THAT YOU WOULD BE INTERESTED IN MAKING AVAILABLE TO US)

The Visual Arts Center appreciates the services supplied by its volunteers.
Without your assistance, we could not maintain the high quality of our services to the community.

Please return this form to the Visual Arts Center of Richmond:
1812 West Main Street, Richmond, VA 23220
Or Fax to (804) 353.8018