

2009 Volunteer Application

PERSONAL INFORMATION

First Name: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-Mail: _____
Emergency Contact: _____
Home Phone: _____ Alternate Phone: _____

INTEREST / EXPERIENCE

What skills or experience do you have that will help you as a volunteer at the BAC ? _____

Describe previous or current volunteer experience: _____

What skills or experience do you hope to gain by volunteering at the BAC ? _____

Please check the areas that interest you:

- | | |
|---|---|
| <input type="checkbox"/> Cinema Usher (Wed. evenings) | <input type="checkbox"/> Gardening/Landscaping |
| <input type="checkbox"/> Entertainment Usher (Fri. & Sat. evenings/Sun. afternoons) | <input type="checkbox"/> Publicity (distribute posters, etc.) |
| <input type="checkbox"/> Gallery | <input type="checkbox"/> Special Events |

Signature _____ Date _____

OFFICE USE ONLY BOX: DATE CALLED: _____ INITIALS: _____ MEET: _____
NOTES: _____



BEVERLY ARTS CENTER

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