

Contact Information:

I prefer to be contacted by e-mail snail mail

Name	Birthday (Month/Day)
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments? (please check all that apply)

- MORNINGS (10am-1pm) Monday Tuesday Wednesday Thursday Friday
 AFTERNOONS (1-4:30pm) Monday Tuesday Wednesday Thursday Friday
 WEEKEND AFTERNOONS (1-4:30pm) Saturday Sunday

Interests

Tell us in which areas you are interested in volunteering (check all that apply)

- Docent/Tours Artist workshop assistant Filing, office support
 Events Exhibit installation Writing or researcher
 Gardening Mailings Serving at receptions
 Fundraising Computer data entry
 Deliveries/Errands Computer assistance
 Phone calls Ushering/staffing events
 Newsletter production Giving parties in my home
 Volunteer coordination Providing food for receptions

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that you would like to use here.

Previous Volunteer Experience (Summarize your previous volunteer experience.)

How are you involved with the Umlauf Sculpture Garden and Museum?

- I am a subscriber/member
- I regularly attend lectures/events
- I occasionally attend lectures/events
- I am a current donor
- I am a past donor
- I have volunteered in the past

How did you learn about our volunteer opportunities?

- From a friend
- Newsletter
- Newspaper
- Posted notice
- E-mail
- Other _____

Describe what you want to get from your volunteer experience with this organizations, by checking all that apply:

- Increase skills (specify what areas: _____)
- Networking opportunities
- Social interaction/fun!
- A sense of giving something back/being of service
- Association with the artists or other professionals involved
- An activity different from my work life
- An activity similar to my work life
- Other: _____

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.