



VOLUNTEER APPLICATION

Name _____ Date _____

Mailing Address _____

Telephone _____ Email Address _____

Emergency Contact _____ Telephone # _____

School/Program/Organization _____

Did you hear about volunteering through your business? _____

If so, Business name _____

How many hours do you need to complete? _____ When do you want to start? _____

How often would you like to be a volunteer at Art From Scrap?

Once a week _____

Twice a week _____

Other _____

Once a month _____

On-call _____

***Art From Scrap operates during the following hours:

Tuesday, Wednesday, and Friday 10:00 – 2:00

Thursday 10:00 – 6:00 and Saturday 10:00 – 3:00

Based on our hours, what days and times would you like to volunteer? _____

Do you have any special skills, experience, or needs that you would like to make us aware of?

How did you become interested in volunteering for Art From Scrap? _____
