

FCG Volunteer Application Form

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Address: \_\_\_\_\_

Possible start date (mm/dd/yy):            /            /

How would you like to help?

Gallery sitting

Art Openings

Committee Work

Events

Special Projects

Office Assistance

Installation/Tear Down

When are you available?

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Are you interested in a regularly scheduled position? \_\_\_\_\_

Are you available on call? \_\_\_\_\_

Do you have access to a vehicle? \_\_\_\_\_

Do you have a Smart Serve card? \_\_\_\_\_

Are you currently an FCG member? \_\_\_\_\_

Do you have any previous gallery or art experience?

Why are you interested in volunteering at Forest City Gallery?