



# INTERESTED IN VOLUNTEERING?

We appreciate your interest and would like to know more about you! Please fill out the following form and return it to FCA during normal business hours: Tues – Sat., 10:00am – 4:00pm

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Birth Day (MM/DD/YY) \_\_\_\_\_

Are you a student?: Y N

If yes, what school are you attending? \_\_\_\_\_

When are you available?

Tues \_\_\_\_\_ AM / PM / Both Wed \_\_\_\_\_ AM / PM / Both Thurs \_\_\_\_\_ AM / PM / Both

Fri \_\_\_\_\_ AM / PM / Both Sat \_\_\_\_\_ AM / PM / Both

What areas would you be interested in helping with:

- Volunteer Coordination \_\_\_\_\_
- Gallery Hosting \_\_\_\_\_
- Event Coordination \_\_\_\_\_
- Class Instructors/ assistants \_\_\_\_\_
- Wherever Needed \_\_\_\_\_

Tell us about your interests and experience:

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