



Mission Cultural Center FOR LATINO ARTS

A Unique Cultural Experience!

Gallery Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Cell Phone	
Other Phone _____	
E-Mail Address	
Are You Over 21?	

Availability

During which hours are you available for volunteer assignments?

<u>DAYS</u>	<u>TIME FRAME</u>	<u>DAYS</u>	<u>TIME FRAME</u>	<u>DAYS</u>	<u>TIME FRAME</u>
<input type="checkbox"/> Monday	_____	<input type="checkbox"/> Thursday	_____	<input type="checkbox"/> Sunday	_____
<input type="checkbox"/> Tuesday	_____	<input type="checkbox"/> Friday	_____		
<input type="checkbox"/> Wednesday	_____	<input type="checkbox"/> Saturday	_____		

Interests

Please mark area(s) of interest.

- Gallery Attendant
- Gallery Reception Assistant (Special Events)
- Gallery (De)Installation Exhibition Assistant

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.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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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. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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.

Thank you for completing this application form and for your interest in volunteering with us.