



FIVE POINTS

CENTER FOR
THE VISUAL ARTS

NAME: _____

ADDRESS: _____
Street Town State Zip Code

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

WORK EXPERIENCE: (please provide brief job description, employer, and dates)

How did you become interested in working here: _____

Availability: (day/time) _____

Skills & Interests: _____

Special Qualifications: _____

Medical Condition we should know about in case of emergency: _____

Emergency Contact: _____ (_____) _____
Name Telephone

Address Relationship

REFERENCES: (please list two references and contact information)

By signing below, I give Five Points Center for the Visual Arts permission to check the references listed. I certify that the facts set forth in the application are true to the best of my knowledge. I understand the Five Points Center for the Visual Arts reserves the right to screen volunteers and to accept or reject any application. I understand that I will not be paid for my services as a volunteer.

Signature Date

Are you a minor under the age of 18? ____ Yes ____ No

Applicants under the age of 18 must have a parent or guardian sign this application.

This applicant has my permission to volunteer at Five Points Center for the Visual Arts _____

Signature Date