



Allegan Area Arts Council Volunteer Application

Date: ___/___/201___

Name _____

Address _____

Phone number _____

Email _____

NOTE: All AAAC volunteer applications will be reviewed by the Board of Directors for approval. All applicants will be subject to a background check.

Driver's License # _____

Please check any activities that might prompt you to volunteer:

- | | |
|--|---|
| <input type="checkbox"/> Out door events | <input type="checkbox"/> Class room monitoring |
| <input type="checkbox"/> Music/Vocal Classes | <input type="checkbox"/> Musical Instrument Classes |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Ceramics |
| <input type="checkbox"/> Culinary | <input type="checkbox"/> Literature |
| <input type="checkbox"/> Lectures | <input type="checkbox"/> Others |

When would be the best times for you to be available?

Months: ___ January ___ February ___ March ___ April ___ May ___ June ___ July
___ August ___ September ___ October ___ November ___ December ___ Open

Days of the week: ___ Monday ___ Tuesday ___ Wednesday
___ Thursday ___ Friday ___ Saturday ___ Sunday ___ Open.

Time of day: ___ Mornings ___ Afternoons ___ Evenings ___ Open

Please tell us a little about yourself:
