



QUINLAN VISUAL ARTS CENTER

VOLUNTEER INFORMATION SHEET

Name: _____ Occupation: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

Web Site: _____

Please list prior professional or arts experience or service with other non-profits (i.e. Fundraising, Education, Community Building, or other relevant committees or tasks.)

What time do you have available?

Days available: _____

Days NOT available: _____

Preferred hours: _____

Preferred Days: _____

Tasks (check all that you would be willing to perform):

___ Art installation/Cataloging/Labeling

___ Class/Studio maintenance (light cleaning)

___ Patch/Paint

___ Organizing

___ Mailers

___ Research

___ Website/Social Media

___ Data Entry

___ Exhibition Hosting

___ Answering Phones

Quinlan Committees: If you are interested in serving on a committee, please check one (or more):

___ Board Development

___ Exhibitions

___ Membership

___ Special Events/GALA

___ Marketing

___ Installation

___ Finance

___ 70th Anniversary Celebration

___ Education

___ other: _____