



QUINLAN

VISUAL ARTS CENTER

Volunteer Information Sheet

Name: _____

Business: _____ Job Title: _____

Business Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Cell Phone: _____

Email: _____ Web Site: _____

Fax: _____

Spouse

Name: _____

Please list prior experience or service with non-profits (i.e. Capital Campaign, Community Building, Committees, Event Planning)

Please select tasks you would like to assist with (feel free to check more than one):

- Art Installation Exhibition Reception Food & Beverage
- Mailers Organization Other: _____

COMMITTEES:

Standing Committees:

- Board Development
- Fundraising/Membership
- Marketing/Community Outreach
- Finance

Marketing Sub Committees:

- Education (Teachers, Students)
- Families
- Senior Citizens
- Artists

Special Events & Fundraisers:

- GALA
- UniQue Craft Market or Folk Market
- Christmas on Green Street
- Re-Hatched Artist Market
- Other: _____

Programs:

- Healing through the Arts
- Summer Art Camp
- Internship Opportunities
- Other: _____