

Arts Council of Greater Baton Rouge Volunteer Information Form

Name _____

Address _____

City _____ *State* _____ *Zip* _____

Home Phone _____ *Work Phone* _____ *Cell Phone* _____

Email _____

In case of an emergency, whom do we call?

Name: _____ *Phone:* _____

Availability

Please indicate the time intervals you are available to volunteer.
Morning, Afternoon, Evening and Weekend time slots may be needed depending on the project.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Skills/Interests

<p>Please list skills (i.e. computer, phone, etc):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Please list hobbies and interests:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Please list volunteer interests:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Please list volunteer experience:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>