



Arts Center of Yates County

127 Main Street

Penn Yan, New York 14527

315-536-8226 www.ycac.org e-mail: artscenter@ycac.org

Volunteer Application Form

Date: _____

Personal Information

Name: _____
Title (*Mr., Mrs., Ms.*) First Name Mi Last Name

Address: _____
Number & Street Apt. # (if applicable) City State Zip County

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone (____) _____

Email: _____ Birth Date (if under 18 years of age): _____
Month Day Year

Program Interests and Availability

Why do you want to be a volunteer? _____

In what areas are you interested? (Check all that apply):

____ Gallery Docent ____ Organizing Exhibits ____ Special Events ____ Board Member

____ Workshop Committee ____ Marketing Committee ____ Fund Development Committee

Volunteer Time Available: ____ Morning ____ Afternoon ____ Evening ____ Weekend

Days Available: (Check all that apply): ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun

Months Available: _____

Experience and Skills

Training/Work Experience _____ Hobbies _____

Volunteer Experience: _____

Have you volunteered at the Arts Center before? __ Yes __ No. If yes, for what programs and when? _____

Emergency Contact Information

Name: _____ Relationship _____
 First Name Mi Last Name

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Physician's Name _____ Telephone: (____) _____

Please list any allergies, serious ailments (i.e. heart disease, epilepsy, and diabetes) etc. _____

By signing this application I agree to serve as a volunteer and to commit to the following:

- to perform my volunteer duties to the best of my ability
- to adhere to the Arts Center's rules and procedures, including record keeping requirements and confidentiality of organization information
- to meet time, duty commitment and to provide adequate notice so that alternate arrangements can be made
- to act at all time as a member of a team responsible for accomplishing the mission of the Art Center
- I do hereby release the Arts Center of Yates County, its agents and representatives from any liability and responsibility that may arise in connection with my volunteer duties

Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

For questions regarding volunteering, please contact Kris Pearson, Executive Director at (315)536-8226 or artscenter@ycac.org . For more information on the Arts Center find us online at www.artscentryatescounty.org .

Please submit completed application to:
The Arts Center of Yates County, ATTN: Volunteer Coordinator
127 Main Street, Penn Yan, NY 14527
Tel: (315)536-8226 Email: artscenter@ycac.org