

APPLICATION FOR VOLUNTEER / INTERNSHIP

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TEL: _____ ALT. TEL: _____

EMAIL: _____ ALT. EMAIL: _____

Please list any skills, hobbies, special training or interests (ex. foreign language, photography, artistic skills, computer skills, etc.):

Areas of interest (please check any below):

Publications

_____ Article Writing _____ Editing _____ Distribution _____ Mailings

Computer

_____ Data Entry _____ Design _____ Database _____ Word Processing

General Office

_____ Bookkeeping _____ Filing _____ Telephone Contacts _____ Grant Related

Other

_____ Special Events _____ Arts-in-Education _____ Programs _____ Marketing

Days and times you are available:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

How often would you like to volunteer / intern? _____

Do you have any medical conditions or special needs that may affect your work?

Why would you like to volunteer / intern at the Lehigh Valley Arts Council?

Please read and complete below:

I understand that I am applying for a position as a volunteer at the Lehigh Valley Arts Council, and that I am willing and able to complete necessary training. I agree to conform to any and all rules and regulations for volunteers, and I acknowledge that these rules and regulations may be changed, modified added or deleted at any time at the sole discretion of the Lehigh Valley Arts Council, and without any prior notice to me. I further acknowledge that my status as a volunteer can be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the Lehigh Valley Arts Council or myself.

(When sending form electronically, typed name acts as signature)

Signature: _____ Date: _____

Under 18 years of age, signature of parent or guardian: _____

Thank you for your interest!

**operations@lvartscouncil.org / 610.437.5915
www.lvartscouncil.org / www.lvartsboxoffice.org**