

## MARYLAND CENTER FOR THE ARTS

## **Volunteer Contact Information**

## **Please Print Clearly**

Name:				
Home	ome Phone:Cell Phone:			
Addre	ss:			
City: _		State:	Zip Code:	
Emerg	ency Contact (Nan	ne and Phone):		
Please	e mark all that a	pply.		
Work Day Preferences			Preferred Work Environment(s)	
	·	ing (Indicate which day(s) noon (Indicate which day(s)	<ul> <li>□ Prefer Working Alone/ Independent Project</li> <li>□ Enjoy Working with Others/in a Group</li> </ul> Office Skills:	
Specif	General Office Assistance (copying, filing, etc.) Making and Receiving Phone Calls Events Management Working Events (Dancing for the Arts Gala,		<ul> <li>□ Filing</li> <li>□ Mass Mailings</li> <li>□ Copier/Fax</li> <li>□ Writing</li> <li>□ Proof Reading/Editing</li> <li>□ Other</li> </ul>	
Plein Air Arts Festi		estival, Book Fair, Summer Events)	Computer Skills:	
Arts T	'alents	Preferred People Skills	<ul><li>□ Data Entry</li><li>□ Word Processing (Word_</li><li>□ Presentation (PowerPoint)</li></ul>	
	Singer Artist Musician Photographer Dancer	<ul> <li>□ Work Well with Children</li> <li>□ Work Well with Teens</li> <li>□ Work Well with Adults</li> <li>□ Work Well with Special Needs Pe</li> <li>□ Experience with Public Speaking</li> </ul>	<ul> <li>□ Spreadsheet (Excel)</li> <li>□ Photoshop/Graphics Programs</li> <li>□ Web Research</li> </ul>	
	Sculptor Arts and Crafts Actor Storyteller		Please list any other skills or preferences about	