



## VOLUNTEER ENROLLMENT FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ (OPTIONAL- MONTH & DAY ONLY)

### IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

### SKILLS AND INTERESTS

WHAT ARE SOME OF THE REASONS YOU'D LIKE TO VOLUNTEER?

\_\_\_\_\_  
\_\_\_\_\_

CURRENT OCCUPATION: \_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE? \_\_\_\_\_

\_\_\_\_\_

### SKILLS:

<input type="checkbox"/> TYPING	<input type="checkbox"/> FILING	<input type="checkbox"/> TELEPHONES
<input type="checkbox"/> CASH REGISTER	<input type="checkbox"/> CASH HANDLING	
<input type="checkbox"/> COMPUTERS	<input type="checkbox"/> TECHNICAL SUPPORT	
<input type="checkbox"/> RETAIL SALES	<input type="checkbox"/> FOOD & BEVERAGE SALES	
<input type="checkbox"/> FOREIGN LANGUAGE	<input type="checkbox"/> PEOPLE SKILLS	
<input type="checkbox"/> OTHER _____		

EDUCATION BACKGROUND: \_\_\_\_\_

HOBBIES AND INTERESTS: \_\_\_\_\_

\_\_\_\_\_



**WHAT TYPE OF VOLUNTEER WORK ARE YOU INTERESTED IN?**

Please check all that apply:

- CONCESSION BARTENDER
- BOX OFFICE (ticket sales & will call ticket pick up)
- MERCHANDISE SALES
- USHER (seating, distributing programs etc. for shows & events)
- OFFICE VOLUNTEER (general office skills necessary)
- EVENT SET UP (setup & take down of tables, chairs, tents, ability to lift 25lbs)
- FLYER/POSTER DISTRIBUTION
- NEWSLETTER MAILING
- TALENT HOSPITALITY
- COMMITTEE, TASK FORCE, FUNDRAISING
- TECHNICAL SUPPORT (theatrical or computers)
- BROADCASTING ARTS (ACC TV)

**AVAILABILITY:**

AT WHAT TIMES ARE YOU INTERESTED IN VOLUNTEERING?

- PREFER MORNINGS     PREFER AFTERNOONS     PREFER EVENINGS
- PREFER WEEKDAYS     PREFER WEEKENDS     OTHER \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

- ADVERTISEMENT     REFERRAL     BAC MEMBER
- RSVP     SCHOOL     OTHER \_\_\_\_\_

**Please return form to:**

**Brewery Arts Center, 449 West King Street, Carson City NV 89703**

**Attn: Volunteer Program**

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of BAC Staffer \_\_\_\_\_ Date: \_\_\_\_\_