

Volunteer Application

Date: _____

Name _____

Address _____

Day Phone _____ Evening _____

Cell _____ Other _____

Contact name and phone # in case of emergency:

E-mail _____

Art Alliance Hours: Tues. thru Fri. 10am-6pm
 Saturday 10am-2pm

Days you are available to Volunteer:

- Tues. Wed. Thurs. Fri. Sat.

Time available: ____AM _____PM

Areas in which you are interested in volunteering:

- | | |
|--|---|
| <input type="checkbox"/> Front Desk/Docent | <input type="checkbox"/> Special Mailing Projects |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Children's Programs (2 nd Sat. & Summers) |
| <input type="checkbox"/> Clerical/Filing | <input type="checkbox"/> Taking in juried exhibit entries (Sat.'s) |
| <input type="checkbox"/> Gallery Openings | <input type="checkbox"/> Technical Support- Computers |
| <input type="checkbox"/> Open Mic Nights | <input type="checkbox"/> Hanging Banners |

After completing this form, please return it to [Carol Wicklander](#).

The Arts Alliance Center at Clear Lake * 2000 NASA Pkwy * Nassau Bay, TX *
across from the Johnson Space Center