

Louisville Visual Art Association

Volunteer Application

NAME: _____ DATE: _____

CURRENT ADDRESS: _____

PERMANENT ADDRESS: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

EMAIL ADDRESS: _____

What is your availability for volunteer assignments? Please specify.

Weekday mornings

Weekend mornings

Weekday afternoons

Weekend afternoons

Weekday evenings

Weekend evenings

What special skills or experience do you offer that made you choose the LVAA?

Please tell us about any previous volunteer experience you have had.

Person to notify in case of emergency:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: _____

Submit to: Keith Waits, Facilities Manager
Louisville Visual Art Association
3005 River Rd • Louisville, KY 40207
502.896.2146 ext 100
keith@louisvillevisualart.org