



**Louisville
Visual Art
Association**

Volunteer Application

Date:

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

E-Mail:

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: