

Sharing the Arts

Volunteer Form

Name: _____

Address: _____

Telephone: _____

E-Mail: _____

School: _____

Grade: _____ Age: _____

Interests: _____

Why would you be a good candidate to volunteer with Sharing the Arts?

Parent's Signature:

References:

1.) Name: _____ Phone: _____

2.) Name: _____ Phone: _____

For more information:
201.689.2397
www.SharingTheArts.com

Sharing the Arts
"a performing arts program for children with differing needs"