

# Art Parts Volunteer Application Form



First Name

Nickname

Last Name

Street Address

City

State

Zip

Home phone

Cell phone

Email address

Would you like to be on our email list to receive our newsletter? (circle) Yes No

Emergency Contact (first and last name):

Home/Work/Cell phone

Relationship to You

Email

Medical: *Do you require any special accommodations in your work area? IF so, please describe.*

Availability: **A min. 3 hour commitment per week is greatly preferred.**

*Please circle which day(s) you prefer to volunteer.*

Tuesday

Wednesday

Thursday

Friday

Saturday

What hours between 10:30 and 5:30 work best for you?

over...

How did you hear about Art Parts?

Why would you like to volunteer with Art Parts?

Have you volunteered elsewhere? If so, where?

Interests and hobbies: What interests you? What do you like to do?

Skills: (e.g. organizing things, people skills, etc.)

Kindly list two references we may contact. Please print names.

Name:

Phone:

Your association? (e.g., friend, relative, work, other volunteer work, etc.)

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*Questions? Contact Exec. Director Denise Perreault at 720-379-5328 or [info@ArtPartsBoulder.org](mailto:info@ArtPartsBoulder.org)*

**Thank you for your interest in helping support this community non-profit!**