



Volunteer Application

First Name _____ Last Name _____
 Home Address _____ City _____ Zip _____
 Home Phone _____ Cell Phone _____
 Email _____

Please tell us why would you would be interested in volunteering for the PNWAS?

What skills and talents will you bring to the PNWAS?

When are you available to volunteer? (Please indicate the times/days below.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
EVE							

Volunteer Opportunities that interest you:

- Gallery Host – greet visitors and provide information on current exhibit, event
- Event Host –
- Art Book Club Host –

- Behind the scenes – set up and take down of events or workshops
- Workshop Assistant – *(Must be member of PNWAS)*

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Are you a member of PNWAS ___ Yes ___ No

Membership is not required to be a volunteer, however it is encouraged. Benefits Include:

One tuition discount of \$25 on a regular workshop; A complimentary Community Class; A North American Reciprocal Museum (NARM) Association membership (visit any participating museums nationwide for FREE)

In Case of emergency:

Please contact _____

Phone number _____

As a volunteer for PNWAS I agree to abide by the policies and procedures of this organization. I understand I will be volunteering at my own risk and the organization, its employees and affiliates, cannot assume any responsibility for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature _____ Date _____