

Perkins Center for the Arts - Volunteer Enrollment Form

Date: _____

Name: _____

Address: _____

Age: _____ Circle: (*student*, under 18; *adult*, 18-62; *senior*, 62+)
(if student, please indicate exact age)

Home Phone: _____ Work Phone: _____ May we call you at work? _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Are you a member of Perkins Center? _____

Hobbies, Interests, Skills (Optional):

Are you interested in volunteering at our Moorestown or Collingswood Center or both?

Is there a particular type of volunteer work in which you are interested? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Community Projects/Gardening | <input type="checkbox"/> Clerical/General Office |
| <input type="checkbox"/> Exhibitions | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Public Relations | |
| <input type="checkbox"/> Summer Camp | |

Availability: please check all that may apply

I prefer to volunteer:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend day | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend evenings | |
| <input type="checkbox"/> Weekday evenings | | |

When is the best time to reach you by phone?: _____

How did you hear about this opportunity?

- Perkins catalog/website Friend or family member Flyer/Advertisement Other: _____

For Use by Perkins Staff only:

Supervisor:

Activity/Event: