DOUGHERTY ARTS CENTER

PROGRAM SUPPORT VOLUNTEER APPLICATION

Applic	ant Information											
Name:				Em	ail Add	dress:	lress:					
Phone:				Bes	est Way To Reach You? Phone Text							
Email Other Emergency Contact Information												
Name:				Em	ail Add	dress:						
Phone:	Relationship to Applicant:											
IMPORTANT: If Applicant is under the age of 18, they must list a parent or legal guardian as a contact.												
What is your general availability? (Check all that apply):												
		MON	TUE	WED	THUR	FRI	SAT					
Mornings ((between 10am-2pm)							Please check box below if your				
Afternoon	s (between 2pm-6pm)							availability changes regularly.				
Evenings (between 6pm-10pm)											
Experience and Interests												
What program areas are you interested in volunteering for? (Check All That Apply):												
Youth/Adult Studio Classes						Community Arts Outreach						
Theater/Performing Arts						Special Events						
Austin Art Circle Meet Up						Other (explain below)						





Experience And Interests Cont	inued						
Do you have a background or interest	in the ar	ts? If so, briefly ex	xplain.				
How would becoming a Program Supp	ort Volur	nteer fit with your	other work/life go	als?			
Shifts are offered in 2, 3 and 4 hour bloo	cks. Are y	you able to regul	arly commit to ser	ving at leas	t two		
regularly scheduled shifts a month?	Yes	Yes No					
Program Support Volunteers are require	ed to suc	cessfully pass a c	criminal backgrou	nd investig	ation		
	Yes	No					
Signature							
(If applicant is under 18 years of age, a	parent o	r legal guardian's	s signature is requi	red.)			
Print Name		Signature	Date				
(If applicable) Print Name of		Signature		Date			
Parent or Legal Guardian							
For DAC Staff Only							
Date Received:			Approved?	Yes	No		
Received By:							
DAC Manager Signature	Date Approved:						



