

VOLUNTEER APPLICATION FOR ARTS AND HERITAGE CENTER OF NORTH AUGUSTA

APPLICANT NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONES: Home _____ Work _____ Cell _____

EMAIL ADDRESS _____

EDUCATION: HIGH SCHOOL _____ COLLEGE _____

CURRENT/MOST RECENT EMPLOYER _____

TITLE/POSITION _____ DATE: FROM _____ TO _____

PREVIOUS EMPLOYER _____

TITLE/POSITION _____ DATE: FROM _____ TO _____

VOLUNTEER POSITIONS _____

SKILLS AND INTERESTS: (check all that apply) Public Speaking _____ Customer Service _____

Office Skills: Data Entry _____ MS Word _____ MExcel _____ Internet _____

Foreign language spoken _____ Hobbies _____

PLEASE STATE YOUR REASONS FOR APPLYING TO BE A DOCENT _____

AVAILABILITY: DAYS AND HOURS (minimum -shift of three hours weekly) Center will operate 10-4 Tuesday-Saturday unless by arrangement for groups.

REFERENCES:

NAME _____ ORGANIZATION _____

ADDRESS _____ PHONE _____

NAME _____ ORGANIZATION _____

ADDRESS _____ PHONE _____

Return application to ACHNA, PO Box 6462, North Augusta, SC 29861