



# SCHWEINFURTH MEMORIAL ART CENTER

## VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (day time) \_\_\_\_\_ (evening) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Are you a member of the Art Center? \_\_\_\_\_ yes \_\_\_\_\_ no

Please check your area(s) of interest:	Please check days and times	you are available:
_____ Volunteer Docents	_____ Weekday Mornings	_____ Saturday Mornings
_____ Volunteer On-call	_____ Weekday Afternoons	_____ Weekend Afternoons
_____ Volunteer Fundraisers	_____ Weekday Evenings	_____ Weekend Evenings

Please list any education and/or experience, volunteer or paid, that you have had that relates to contemporary art or art in general; visual, performance or musical.

Please list any other education or volunteer experience you think might be helpful to you as a docent/volunteer.

Have you ever been convicted of a felony crime? \_\_\_yes \_\_\_no  
If so, please explain.

Please list three local personal references with phone numbers.

Please return this form to: Schweinfurth Memorial Art Center  
205 Genesee Street  
Auburn, New York 13021