



Volunteer Intake Form

CONTACT INFORMATION – Are you a current member of Pro Arts? YES NO Date _____

Name _____	Phone (day) () _____
Address _____	Phone (evening) () _____
City, State _____	Phone(mobile) () _____
ZIP _____	Email _____
Reference Name: _____	Email or Tel: _____
Relationship: _____	

AVAILABILITY- mark available times (11-6 is regular gallery hours/5-8pm receptions)

Gallery Closed	Gallery Open					Gallery Closed
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
As needed	9-11am	9-11am	9-11am	9-11am	9-11am	As needed
	11-3pm	11-3pm	11-3pm	11-3pm	11-3pm	
	3-6pm	3-6pm	3-6pm	3-6pm	3-6pm	
	6-9pm	6-9pm	6-9pm	6-9pm	6-9pm	

FREQUENCY

Weekly	Every other week	As needed - Pro Arts will call or email you
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VOLUNTEER INTERESTS please circle preferences

<input type="checkbox"/> Receptions: set up, serve refreshments, clean up	<input type="checkbox"/> Gallery Prep/Installation: Spackle, paint, sand, etc
<input type="checkbox"/> Mailings: folding, stuffing, labeling, bundling, counting	<input type="checkbox"/> Administrative: paperwork, filing, copying, sorting
<input type="checkbox"/> Gallery Sitting: greet, take attendance, answer phone, answer general questions about gallery	<input type="checkbox"/> Publicity: writing, design, layout, photography
<input type="checkbox"/> Juried Exhibitions: handling art & intake forms	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Data Entry: Excel and/or Filemaker Pro	<input type="checkbox"/> Fundraising (Annual Gala and Box Art)
East Bay Open Studios Committees: <input type="checkbox"/> Receptions <input type="checkbox"/> Fundraising, Advertising Sales <input type="checkbox"/> Map & Directory <input type="checkbox"/> Installation	<input type="checkbox"/> Publicity Design <input type="checkbox"/> Publicity Distribution <input type="checkbox"/> Other _____

LIABILITY WAIVER

I, the undersigned, being a **volunteer** involved with Pro Arts or being the parent or legal guardian of such a **volunteer** at Pro Arts, discharge and acquit Pro Arts, its staff, board, officers, agents, representatives and affiliates of all actions, causes of action, claims or any liabilities whatsoever. I understand that while volunteering at and or for Pro Arts I participate on my own accord and will not hold Pro Arts accountable for any injury or harm that may arise from such activities.

Volunteer's name (please print) _____
Volunteer's signature _____ Date _____

Volunteer's age (if under 18) _____ Signature of volunteer's parent/legal guardian _____

OFFICE USE ONLY

Received by: _____ Date: ____/____/____ Notes: _____
Data Entry Date: ____/____/____