

Newark Arts Alliance

Volunteer Inquiry



Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Date of Birth if under 21 _____

Areas of Volunteer Interest

- | | |
|---|---|
| <input type="checkbox"/> Gallery Monitor | <input type="checkbox"/> Community Art Projects |
| <input type="checkbox"/> Committees (Exhibition/Gallery Shop) | <input type="checkbox"/> Camp Imagine |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Office Assistance |
| <input type="checkbox"/> Communications and Outreach | <input type="checkbox"/> Other |
| <input type="checkbox"/> Development/Fundraising | _____ |

Areas of interest, tell us what you would like to help with:

When are you available (during the day, evenings, weekends, etc.)?

Email your completed application to: terry@newarkartsalliance.org

OR, mail or drop off to: Newark Arts Alliance, 276 E. Main St., Suite 102, Newark, DE 19711

