



Pasco Fine Arts Council, Inc.

Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ state: _____ Zip: _____

Phone No: daytime (Cell): _____ Evening (Home): _____

Emergency Phone/Contact Name: _____ Phone: _____

Email: _____ Birthday: _____

My experience can best be utilized in the following areas(s):

- FRONT DESK RECEIVING MARKETING DOCENT
- HANGING EXHIBITS RECEPTIONS SPECIAL EVENTS
- EXTERIOR ASSISTANCE DATA ENTRY ABILITY TO LIFT 25 LBS
- LIBRARY OFFICE SUPPORT GIFT SHOP

OTHER (Please describe): _____

Date you can start: _____ No. Of hours per week: _____

which days are more convenient for you?

- Monday Tuesday Wednesday Thursday Friday Saturday

Do you prefer? 9:30 am-12:30 pm 12:30 pm - 3:30 pm 5:30-8:00 pm
(Tue Only)

Pasco Fine Arts Council, Inc.

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