

Alpharetta Cultural Services

Volunteer Application

Name: _____

Contact Number: _____ Email _____

Agree to receive text messages? Yes No

Emergency Contact Name: _____ Contact Number _____

Do you have a location preference to volunteer? _____

Possible Locations to Volunteer: Arts Center, Log Cabin, History Museum, or within the City of Alpharetta

What Kind of volunteer work do you wish to pursue?

(Please choose up to 3 categories. Descriptions provide examples of various activities)

Exhibitions

Assist in install and de-install of gallery exhibits

Art Center Front Desk

Greet visitors; answer phones; clerical assistance, art studio assistance

History and Archive

Working with the Historical Society in archiving historical documents; museum or historical marker docents; cemetery cleanup

Public Art

Assist in public mural painting; assist artist in public art projects

Events

Greet guests; front of house onsite assistance: give tours to patrons

What days of the week are you available? _____

What times during the week you are available? _____

How many hours can you commit to? _____ a week or _____ a month

Please list present & previous volunteer experience and length of time with each organization.

Permission to be added to our email distribution list? Yes No

Thank you for your interest in volunteering with the Alpharetta Cultural Service Division.

Please complete the form and email back to arts-culture@alpharetta.ga.us