



VOLUNTEER APPLICATION

The Palm Coast Arts Foundation (PCAF) encourages and welcomes volunteers who support our mission. If you are interested in helping us achieve our goals, we hope you will complete this application. The information will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. (Please print) – benefits of volunteering at events include free admission AND as a PCAF volunteer, you may be eligible to participate (at own expense) in supplemental medical/dental insurance through Colonial Life.

NAME: _____

ADDRESS: _____

CITY: _____ FL ZIP: _____

PHONE: _____ (CELL) _____

EMAIL: _____

TELL US MORE ABOUT YOU AND YOUR INTERESTS – (check all that apply)

Events:

- a) planning _____
- b) set up/take down _____
- c) marketing _____
- d) seeking sponsors _____
- e) event staffing _____
- f) carpentry work _____
- g) graphic design _____

Are you:

- a) an artist _____
- b) a musician _____
- c) an author _____
- d) an actor _____
- e) a designer _____
- f) a grantwriter _____

Please indicate days available (check all that apply): ___ M ___ T ___ W ___ TH ___ FR ___ SA ___ SU

Do you have any physical limitations? _____

In case of emergency contact: (Name) _____ Phone: _____

As a volunteer of the Palm Coast Arts Foundation (PCAF), I agree to abide by their policies and procedures. I understand that I will be volunteering at my own risk and that PCAF, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____