



CONTACT INFORMATION	
NAME	
ADDRESS	
CITY, STATE, ZIP CODE	
HOME PHONE	
CELL PHONE	
E-MAIL ADDRESS	

AVAILABILITY: Please list available days and times:

INTERESTS: Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Gallery	<input type="checkbox"/> Children's Classes	<input type="checkbox"/> Glaze Room	<input type="checkbox"/> Studio
<input type="checkbox"/> Classrooms	<input type="checkbox"/> Special Events	<input type="checkbox"/> Kiln Room	<input type="checkbox"/> Outreach
<input type="checkbox"/> Special Events	<input type="checkbox"/> Committee Work	<input type="checkbox"/> Office	<input type="checkbox"/> Development

SPECIAL SKILLS OR QUALIFICATIONS:

We would love your help in any special areas of interest you may have. Please summarize any special skills and/or qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

PREVIOUS VOLUNTEER EXPERIENCE: Summarize your previous volunteer experience.

It is the policy of Clay Art Center to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.