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| The Arts Council of Southwestern IndianaVolunteer ApplicationPhone: (812) 422-2111 Email: info@artswin.org Website: [www.artswin.org](http://www.artswin.org)  |  |

## Contact Information

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| Name |  |
| Street Address |  |
| City, State, ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-mail Address\*All volunteers will be added to our newsletter list in order to keep up with all events available for volunteering. Please let us know if you would not like to receive our newsletters and/or special emails. |  |

## Availability

### During which hours are you available for volunteer assignments? The Arts Council’s regular gallery hours are Tuesday through Friday from 10am - 4pm. The Arts Council also has various special events throughout the entire week.

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| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Tell us in which areas you are interested in volunteering

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| Administration (typing, answering the gallery phone, greeting gallery guests, making spreadsheets, keeping gallery tidy and organized) |
| Events (Gallery Receptions, Art in the Park outdoor festival, Mayor’s Arts Awards, Franklin Street activities) |
| Database (Entering and updating Arts Council database using Giftworks software-previous experience with software not required) |
| Mailing (Assistance as needed with Annual Campaign and Annual Membership Drive) |
| Deliveries (Basic day-to-day errands, delivering art prospectus’ and promotional materials to local businesses, organizations, and universities) |
| Field work (Collecting specific materials for special projects and events from different organizations, businesses, and universities) |
| Newsletter production (Gathering and organizing local arts-related event information, Entering information into Constant Contact program) |
| Volunteer coordination (Building volunteer base, day-of event volunteer coordination) |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, college coursework or through other activities, including hobbies or sports.

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## Previous Volunteer Experience

### Summarize your previous volunteer experience. If this is your first volunteer experience, please put N/A.

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## Person to Notify in Case of Emergency

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| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I have agreed to serve as a volunteer at the Arts Council of Southwestern Indiana. This Waiver, Release, and Hold Harmless Agreement covers all events and occurrences associated with the volunteer activities. By signing this Waiver, Release of Liability, and Hold Harmless Agreement, I voluntarily agree:

If I have concerns about my health or ability to participate in volunteer activities, it is my responsibility to discuss my concerns with my physician before deciding to participate as a volunteer with the Arts Council. As a volunteer, I am not an employee of the Arts Council nor am I covered by worker’s compensation or any other insurance policy through the Arts Council. To assume the risk that unexpected events may occur and result in loss, harm, injury, or illness to me or damage to my property while I am participating in or observing volunteer activities or while I am traveling to or from the activity. I hereby agree to indemnify and hold harmless the Arts Council of Southwestern Indiana, its sponsors, employees, volunteers, board members, affiliates, officers, agents, successors and assigns, subordinates, and any other persons connected to this event from any liability. In the event that I require emergency medical treatment, I give my permission for evaluation, diagnoses, treatment, and/or medication in accordance with the standard medical practice by licensed medical personnel. I relieve the Arts Council of Southwestern Indiana of all responsibility and consequences that may arise as a result of treatment. Further, I agree to accept any and all financial responsibility as a result of the performed treatment.

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| Name (printed) |  |
| Signature |  |
| Date |  |

If Volunteer is under the age of 18 years, Parent or Legal Guardian must also sign:

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| Name of Parent/Guardian (printed) |  |
| Signature |  |
| Date |  |

Any questions about volunteering for the Arts Council of Southwestern Indiana, please contact us at (812) 422-2111 or info@artswin.org. To find out more information about the Arts Council and to find out about upcoming events, visit [artswin.org](http://artswin.org/).