



## The AgriCULTURAL Museum & Arts Center / Hill Country Council for the Arts VOLUNTEER SIGN UP

PLEASE PRINT *LEGIBLY* THE REQUESTED INFORMATION. Complete back and front of form, please, sign, and date.

Mail the completed form to P. O. Box 2024, OR E-mail screen shot to <a href="mailto:president@hccarts.org">president@hccarts.org</a>

Name:			
first.	middle initial.	last.	
Company Name*:			
Phone number:Address:	Email		
Address:			
City:	State:	Zip:	
DAYS AVAILABLE?	HOW MUCH TIME CAN YOU		
Monday	DEDICATE	TO MONTHLY PROJECTS?3 to 5 hours	
Tuesday		5 to 10 hours	
Wednesday		10 to 15 hours	
Thursday		15 to 20 hours	
Friday		20 hours or more	
Saturday			
Sunday			
BEST TIME OF DAY?	DAY OF	AN EVENT <i>ONLY?</i>	
Morning (6am to 10am)Afternoon (10am to 2pm)Evening (2pm to 6pm) Night (6pm to 10pm)		3 hours 6 hours 9 hours	

Do you have any previous experience volunteering?	YE	S	_NO.
If so, where and with whom?			
Questions, comments, concerns?			
Questions, comments, concerns?			
Signature	Date		

Thank you for completing this form and offering us assistance. Your response has been recorded. You will be contacted within the next three (3) days by an officer of the appropriate organization.