



Art Association of Henry County

P.O. Box 842 • 218 South 15th Street • New Castle, Indiana • 47362
765.529.2634 • ncartcenter@yahoo.com • henrycountyarts.org

VOLUNTEER/DOCENT APPLICATION

Name _____

Address _____

City & State _____ Zip _____

Phone _____ Cell _____

Email _____

Work Experience

Employer *Phone* *Years of Employment* *Job Title*

1: _____

2: _____

3: _____

Circle Days You Can Volunteer

Monday Tuesday Wednesday Thursday Friday Saturday

Contact In Case Of Emergency

Name _____ Phone _____

I give permission for the staff of the Art Association of Henry County, including the Henry County Art Center and Arts Park, to request a background check on me during my volunteer term.

Signature _____ Date _____