



218 South 15<sup>th</sup> Street • New Castle, Indiana • 47362  
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## 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 \_\_\_\_\_