

Brookline Arts Center. 86 Monmouth Street. Brookline MA,
02446
Ph. 617-566-5715 Fax. 617.738.8760
www.brooklineartscenter.com

VOLUNTEER INFORMATION FORM

Name _____ Date _____

Address _____ City _____ State __ Zip_____

Age: Under 18 18-24 25-29 30-45 46-59 60 – 75

Please list some of your interests:

Where have you volunteered before?

What is your availability?

Weekdays Weekends Mornings Afternoons Evenings
Times _____

What are you interested in volunteering for?

- Classroom Assist /Organizer
- Office Assistance
- Galley Attendant
- Handyman
- Special Events / Festivals

What types of art do you like? (painting, drawing, sculpting, etc.)

Please take a moment and express what you would like to gain from volunteering with the Brookline Arts Center_____

How did you hear about us? _____