



VOLUNTEER REGISTRATION FORM

NAME: _____ EMAIL: _____

MAIL: _____ PHONE: _____

CITY: _____ ST: __ ZIP _____ MOBILE: _____

CURRENT JOB (optional) _____ EMPLOYER: (optional) _____

INTEREST: Check All That Apply

_____ Office: Computer _____ Phones _____ Clerical _____ Errands _____

_____ Festivals: Set Up _____ Staff Booth _____ Tear Down _____

_____ Special Events:
Champions -- Organizer _____ Committee _____ Event Day _____
Receptions -- Organizer _____ Committee _____ Event Day _____

_____ Artist Assistant -- Visual Arts _____ Music _____ Dance _____ Drama _____

_____ APMC Ambassador -- Meetings _____ Receptions _____ Concerts _____ Exhibitions _____

SCHEDULE: Check Each Day/ Time You Are Available Regularly

	<i>A.M.</i>	<i>P.M.</i>	<i>EVENING</i>
_____ MONDAY	_____	_____	_____
_____ TUESDAY	_____	_____	_____
_____ WEDNESDAY	_____	_____	_____
_____ THURSDAY	_____	_____	_____
_____ FRIDAY	_____	_____	_____
_____ SATURDAY	_____	_____	_____
_____ SUNDAY	_____	_____	_____

COMMENTS/IDEAS/SPECIAL SKILLS YOU WISH TO DEVELOP/APPLY
(feel free to continue on back!:

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www.artsformontereycounty.org