



Portage Center for the Arts (PCA) Volunteer Application Form

Personal Contact Information

Date: _____ Name: _____

Current Address: _____

Phone - Home: _____ Cell: _____

Email Address: _____

Emergency Contact Information

Name: _____ Relationship with Volunteer: _____

Current Address: _____

Phone: Home: _____ Cell: _____

Email Address: _____

Specific Area(s) of Interest at PCA: _____

Education/Employment/Experience: _____

Board Role

Committee Role

Volunteer as Needed

Availability

Sun

Mon

Tues

Wed

Thurs

Fri

Sat

AM PM

AM PM

AM PM

AM PM

AM PM

AM PM

AM PM

Privacy Practice Statement

We protect your personal information. We do not rent, sell, or trade lists of volunteers. Required information obtained when applicable to the job description being performed by the volunteer.

Background Check (youth programs only) DOB: __/__/____ SS No.: _____

I give permission to verify the credentials that I have presented:

Signature: _____

Date: _____