



Rose Center & Council for the Arts
Volunteer Information Sheet

Name _____
Mr. Mrs. Ms. Miss Dr. Other

Date ____/____/____
Mo. Day Year

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____ Fax number _____

Emergency Name and Phone Number _____

Current driver's license number & state _____ State _____

Date of Birth (Mo/Day/Yr) _____ Social Sec. # _____

Student ID number (or photocopy of same) _____

If under 18: Grade _____ School _____

Three references (name/address/phone #s):

1.

2.

3.

Are you a member of Rose Center? _____

How did you hear about visitor services/volunteering at the Museum? Friends, newspaper, TV, etc. _____

Why are you interested in volunteering at Rose Center?

Please circle any skills that you have and would be willing to share.

Foreign language, sign language, graphic design, studio art, art history study, graphic art, gardening, photography, musical instruments, clowning, vocal talent, computer skills, special events, education, office/clerical, database development, marketing, exhibitions, maintenance & repairs

other:

Education (Major and degrees): _____

Other volunteer & professional experience: _____

Your personal hobbies and interests: _____

Occupation: _____

Are you currently employed? If so, where and what hours?

What days of the week and hours are you available to volunteer? (check all that apply)

| | Morning | Afternoon | Evening |
|-----------|---------|-----------|---------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |

Do you object to a background check? yes / no

INTERVIEWER'S NOTES:

PLEASE COMPLETE & RETURN TO: Patty Gracey, Rose Center, PO Box 1976, 442 W. Second N. St. Morristown, TN 37616 or fax to (423) 581.4307 or email: Patty@RoseCenter.org. For more info, visit www.RoseCenter.org .