

Dear Current and Prospective Volunteers,

Thank you for your interest in becoming a volunteer at the Columbus Arts Council! We are continually seeking responsible volunteers for the following programs that involve children and youth: Summer Arts Camp, Spring Theater Camp, 1st Saturday Arts for All, 2nd Tuesday A Taste of Art, and other CAC arts classes/programs.

We will keep track of your volunteer hours and will be more than willing to provide any documentation needed for you to earn your Volunteer/Verification of Experience hours that you may need for your school or clubs.

If you agree to volunteer with us for a specific event but face an emergency that will prevent you from fulfilling your obligation, we ask that you notify us as soon as possible, preferably no later than 1 week prior to class day. Any unprofessional conducts including, but not limited to discriminatory and abusive acts may result in loss of future opportunities for you at the CAC. The Executive Director has full discretion in this matter and her decision is final.

Please submit the following for consideration:

- Columbus Arts Council Volunteer Registration (attached).
- Consent to Perform Criminal Record Check (attached).

Please submit these forms through email, mail, fax, or in person. Feel free to email or call us if you have any questions. Thank you and we look forward to hearing from you!

Sincerely,
Tina Sweeten, Executive Director &
Johannah A. Owusu, Education VISTA Volunteer

Columbus Arts Council
501 Main Street
P.O. Box 869
Columbus, MS 39701

T 662.328.ARTS (2787) F
662.241.4089
johannah.columbusarts@gmail.c
om
www.columbus-arts.org





Columbus Arts Council Volunteer Registration

Contact Information

Name	
Street Address	
City, State, Zip Code	
Main Phone	
Secondary Phone	
E-Mail Address	

*Majority of contact will be via e-mail unless otherwise requested

Availability

During which hours are you generally available for volunteer opportunities?

- | | | |
|---|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings | <input type="checkbox"/> Summer Camp (June/July) |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons | <input type="checkbox"/> Special Events
(gallery openings, etc.) |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings | |

Areas of Interest

Please check all positions you are interested in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Gallery Receptions
(food/decoration) | <input type="checkbox"/> Publicity & Advertising
(hanging posters for events) | <input type="checkbox"/> Usher at OMNOVA &
YPAS Events |
| <input type="checkbox"/> Gallery Reception Greeter | <input type="checkbox"/> Exhibition Hanging | <input type="checkbox"/> Working with Children |
| <input type="checkbox"/> Office/Gallery Assistance | <input type="checkbox"/> Gift Gallery Assistant | <input type="checkbox"/> Working with Youth |
| <input type="checkbox"/> Setting up for Rentals and
Programs (chair/table moving) | <input type="checkbox"/> General Cleaning/
Organization | <input type="checkbox"/> Teaching Arts Classes
*Please list what you can teach: |
| <input type="checkbox"/> Ticket/Drink Sales at
Events | <input type="checkbox"/> Event Organizer | <input type="checkbox"/> Others: |

*Volunteers working with children & youth will need to consent to a criminal record check.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

--

Why Do You Want To Volunteer with the Columbus Arts Council?

Please explain why you want to volunteer with the Columbus Arts Council.

--

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Main Phone	
Secondary Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Columbus Arts Council Consent to Perform Criminal Records Check



I hereby give my consent to the Columbus Arts Council (CAC) to perform a criminal records check as required for the volunteer position for which I have applied.

I understand that I do not have to agree to this records check, but that my refusal may exclude me from consideration for teaching positions at the CAC.

I understand that the CAC will limit the information it collects to that needed to determine my suitability for particular types of volunteer work, that it will keep all such information confidential and destroy documents containing my Social Security number at the time it makes a decision to accept me as a volunteer.

Applicant's printed name: _____

Signature: _____ Date: _____

(CAC will keep top of this page for files)

Criminal Records Check Information

Date of birth: _____

Social security number: _____

Driver's license number: _____

Other name(s) you may be known as (e.g., maiden name, birth name, etc.):

(CAC will destroy bottom of this page when acceptance decision is made)