

Duke Energy Center

For The Arts



## VOLUNTEER INFORMATION

**NAME** **DATE**

**ADDRESS** **CITY**

**STATE** **ZIP** **PHONE** **CELL**

**E-MAIL** **DATE OF BIRTH**

### INTERESTS

*Tell us in which area you are interested in volunteering*

**Usher**

**Other**

### AVAILABILITY

*During which hours are you available for volunteer assignments.*

Weekday Mornings

Weekend Mornings

Weekday Afternoons

Weekend Afternoons

Weekday evenings

Weekend Evenings

### SPECIAL SKILLS OR QUALIFICATIONS

*Summarize skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies or sports. **IMPORTANT TO HAVE COMPUTER TO RECEIVE SCHEDULES.***

**CONTACT INFO:**

**Al Tamalavitch – Volunteer Coordinator**

**E-MAIL:**

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