



# VOLUNTEER FORM

*Please complete this form and return it to us via e-mail or US Mail*

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

I would like to help by:

I am available to work at the following time(s): \_\_\_\_\_  
\_\_\_\_\_

Tell us about yourself – any special skills, interest, what you're interested in doing:

## **E-Mail Submission**

Please complete and e-mail it this form to [vol\\_don@artconnectsnewyork.org](mailto:vol_don@artconnectsnewyork.org) and include PDFs of any additional information you think would be helpful to us.

## **US Mail Submission**

If you prefer, print out and complete the form and mail it along with any additional information to:

Art Connects New York  
Attention: Volunteer Coordinator  
491 Broadway, 5<sup>th</sup> Floor  
New York, New York 10012

**We thank you for your interest and hope to work with you!**

491 Broadway 5th Floor New York, New York 10012 646.546.5334  
[acny@artconnectsnewyork.org](mailto:acny@artconnectsnewyork.org) [www.artconnectsnewyork.org](http://www.artconnectsnewyork.org)