Pacific Cultural Center

VOLUNTEER APPLICATION

Please print clearly

Name: _____
First **Last** **Middle/Other**

Address (Street, City, Zip): _____

Cell #: _____ **Home #:** _____ **Email:** _____

Preferred Method(s) of Contact: □**Home #** □**Cell #** □**Email**

Best Day(s)/Time(s) to Reach You: _____

1) Do you have skills/experience in any of the following areas? (Check all that apply)

□ Cleaning	□ Carpentry/Construction	□ Cooking
□ Customer Service	□ Electrician	□ Floral
□ Gardening	□ Graphic Design	□ IT/Tech Support
□ Maintenance	□ Marketing/Advertising/PR	□ Outreach/Flyering
□ Office/Clerical	□ Plumbing	□Special Events
□ Sound Systems	□ Other(s) (Please specify): _____	

2) Do you have a particular area in mind that you would like to volunteer for?

_____

_____

3) What specific days of the week & hours are you available to volunteer?

_____

_____

4) Are you interested in redeeming volunteer hours for yoga passes? □**Yes** □ **No**
(If No, skip to Question 5)

A. **In exchange for an unlimited monthly pass, volunteers work a consistent 2 hr shift each week. Could you commit to a weekly shift for 3 months?** □**Yes** □ **No** □**Not Sure**

B. **Which, if any, of the following 2hr shifts are you available to volunteer for consistently?**

□ Gita Set Up (Weds. 7:15-9:15pm) □ Gita Breakdown, Thurs. (10:15am-12:15pm)
□ Gardening (Sat. 10am-12pm) □ Center Deep Clean (Sun. 6:30-8:30pm)

5) Do you have any physical limitations, health concerns, or special circumstances that may affect your ability to volunteer in certain roles? *(If yes, please describe)*

_____

_____

_____

For Office Use Only:
Expected Positions: _____

_____

_____

Active Date: _____
Inactive Date: _____