



**VOLUNTEER COMMITMENT FORM**

101 Avenue of the Arts (W. 2<sup>nd</sup> St.)  
Michigan City, IN 46360  
www.lubeznikcenter.org

Phone (219) 874-4900  
Fax (219) 872-6829  
artinfo@lubeznikcenter.org

(Please Print) **Name:** Mr./Ms./Mrs./Miss \_\_\_\_\_  
(Last) (First) (Middle initial)

**Address:** \_\_\_\_\_ **Birthday:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month / Day)

**Hm Phone:** ( ) \_\_\_\_ - \_\_\_\_ **Wk Phone:** ( ) \_\_\_\_ - \_\_\_\_ **Other:** ( ) \_\_\_\_ - \_\_\_\_

**Permanent Address** (if different than above): \_\_\_\_\_

**E-mail:** \_\_\_\_\_

In event of an emergency, call: \_\_\_\_\_ ( ) \_\_\_\_ - \_\_\_\_  
(Name / Relationship) (Phone Number)

How were you referred to us? \_\_\_\_\_

**I AM INTERESTED IN VOLUNTEERING IN THE FOLLOWING AREAS:** (Please check your favorite choices)

- Any                       Fundraising                       Front Desk / Reception                       Office / Clerical
- Skilled Labor                       Lawn Care / Grounds                       Docent / Tours                       Technical / Computer
- Education                       Building / Maintenance                       Exhibitions                       Events / Receptions
- Other \_\_\_\_\_

**Please list any experience, special skills, education, certifications or interests that you believe may be valuable to the Lubeznik Center:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# VOLUNTEER COMMITMENT FORM

**I AM INTERESTED IN VOLUNTEERING:** (Please check your regular shift availability)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9 – 11							
11 – 2							
2 – 5							
5 – 9							

**ON-CALL AVAILABILITY** – You are absolutely *not* obligated to come in if we call you, it just helps us to know who *might* be able to come in if we have a volunteer shift open.

(Please check the appropriate time slots)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9 – 11							
11 – 2							
2 – 5							
5 – 9							

For the protection of children who participate in Lubeznik Center art classes and out-reach programming, (on-site and off-site) the Center will perform criminal background checks on all approved volunteers working with children.

**I certify that the information contained in this application is correct to the best of my knowledge.**

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

(Office Use Only)

Date Recruited: \_\_\_\_\_ Date Trained: \_\_\_\_\_

Awards Given: \_\_\_\_\_