



VOLUNTEER COMMITMENT FORM

101 Avenue of the Arts (W. 2nd 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:

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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: _____