



The Peninsula Fine Arts Center

101 Museum Drive
Newport News, VA 23606
(757) 596-8175 fax (757) 596-0807
www.pfac-va.org

The Arts Alliance

This form is for volunteers over 18. A Child Services background check is required. The background form must be notarized before you return your application. Most banks offer this as a free service. Pfac will pay the \$5 fee for the background check. Please be sure to complete the back side of application.

Name _____ Date _____

Address _____ City _____

Zip Code _____ Home phone _____ Cell _____

Work number _____ E-mail _____

Emergency contact _____ Phone _____

Days and times I can volunteer:

Mon am _____ pm _____ **Tues** am _____ pm _____ **Wed** am _____ pm _____

Thur am _____ pm _____ **Fri** am _____ pm _____ **Sat** am _____ pm _____

Sunday 1-5 only _____

I can be on call for projects: Yes _____ No _____

Please check the group(s) that you would like join:

_____ **Learning Council** - help with children's and family hands-on activities, HOFK area, special education projects, interactive programs, community outreach and birthday parties.

_____ **Exhibition Stewards** - provide exhibition support – set up and removing exhibitions, and our docent program – tours, etc

_____ **Pfac Support Team**- distributing flyers in the area for upcoming events, Visitor Services, office support and gift shop sales.

_____ **Pfac Ambassadors** - supports special events such as receptions, Festival Days and Arts Cafe also promoting Pfac membership at these events.

_____ **Art Network** - under 40 group that helps with events, business networking, also development of events/opportunities to promote Pfac to your peer group.

_____ **Beaux Art Committee**- flowers, decorations and food preparation for events, building and grounds maintenance projects, general upkeep and beautification of Pfac.

Those in the Art Alliance must maintain a Center membership at the Individual or Family level. Memberships may be earned by accumulating volunteer hours (\$40 for Individual; \$60 for family membership). Alliance members must make a 6-month commitment to one or more of the groups listed above and participate in volunteer orientation, training sessions and continuing

education programs. Membership is provided at sign up free of charge based on your commitment to work towards the required hours.

References:

Name _____ Phone _____

Name _____ Phone _____

**From the group(s) you chose to join, what jobs are you most interested in

Please list any physical limitations; some jobs require lifting up to 50 pounds

Tell me about you, your skills, and hobbies please _____

Volunteer Code of Conduct

As a Pfac volunteer I promise to abide by the following

- SMILE, you represent Pfac at all times
- Arrive promptly for your shift
- Dress appropriately
- Ask the person in charge if you have questions
- Sign in so we can track your hours
- Do not leave your area without letting the person in charge know
- I will attend training as offered and needed for special projects
- I understand that if I miss 2 shifts I will no longer be able to volunteer at Pfac
- I understand that I represent Pfac at all times and will act accordingly

I certify that the above information is complete and true to the best of my knowledge. I authorize Pfac to contact the above references concerning my work experience. Any discovery of misrepresentation or omission is grounds for immediate dismissal from the Volunteer program.

Signature _____