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# THE TROUT MUSEUM *of* ART

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## VOLUNTEER INFORMATION

Name \_\_\_\_\_ Age (if child) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Are you a member of The Trout Museum of Art?  Yes  No

Art Background \_\_\_\_\_

\_\_\_\_\_

Other Skills \_\_\_\_\_

\_\_\_\_\_

Areas of Interest:

- Children's Classes
- Art in the Park
- Octoberfest
- Events and Exhibitions
- Administrative

Availability:

\_\_\_\_\_

How did you find out about volunteer opportunities at The Trout Museum of Art?

\_\_\_\_\_

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