



PRECITA EYES MURAL ARTS AND VISITORS CENTER

Since 1977: Celebrating over 40 years of Community Mural Art

2981 24th Street, San Francisco, CA 94110 • (415) 285-2287
348 Precita Avenue, San Francisco, CA 94110 • (415) 285-2311 • www.precitaeyes.org

VOLUNTEER APPLICATION

NAME _____ AGE _____ DATE _____

ADDRESS _____
Street City State Zip

TELEPHONE _____
Home Mobile Work

E-MAIL ADDRESS _____ LANGUAGES _____

RACIAL/ETHNIC INFORMATION _____
Optional; information is used for grants

Please select the programs, departments, or work areas in which you would be interested in working:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Art Store | <input type="checkbox"/> Kids/Toddlers Art Assistant | <input type="checkbox"/> Tour Docent | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Administrative/ Data-Entry/Clerical | <input type="checkbox"/> Grant Writer | <input type="checkbox"/> Translator | <input type="checkbox"/> Sales/Solicitation/ Fundraising |
| <input type="checkbox"/> Archivist/ Researcher | <input type="checkbox"/> Photographer | <input type="checkbox"/> Mural Restoration | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Maintenance/ Repair | <input type="checkbox"/> Publicity Assistant | <input type="checkbox"/> Mural Painter | <input type="checkbox"/> Computer Tech/ IT Support |

Please describe relevant work, educational experience, or special skills. *(Use the back if necessary)*

AVAILABILITY: Please note your hours of availability for each day.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
-	-	-	-	-	-	-

How long of a period are you able to commit to volunteering with us? _____

Are you volunteering from any of the following programs? Please select all that apply and **provide paperwork**.
 Project 20 **MYEEP** **School Community Service**
 Other (Name) _____

How many hours do you need? _____ What is your deadline? _____