



S N O W
Library
Established 1877

Marion Craine Gallery Committee
VOLUNTEER APPLICATION

Date: _____

GENERAL INFORMATION:

Name: _____

Address: _____

Telephone: _____

Email: _____

Mailing Address: _____

(if different) _____

Why do you wish to volunteer for the Marion Craine Gallery Committee?

Please describe any art activities:

Do you have any employment/volunteer experience? Yes _____ No _____

If yes, please list the organization(s) and type of work performed *(for additional space, use back)*

Please include any additional information you would like to provide Library Trustees:

