



Annmarie Garden
Sculpture Park & Arts Center
Volunteer Program

Special Event Volunteer Application

Name: _____ Date: _____

Phone #s (home) _____ (cell) _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Current member of Annmarie Garden : _____

In case of emergency call: _____ Phone: _____

Relationship: _____

Please list any health related issues that might affect your volunteer service (allergies, etc.) _____

There are many other ways to volunteer here at Annmarie Garden. This includes weekday and weekend positions in the arts building. We are flexible and willing to work with any time constraints.

Would you like more information on volunteer opportunities? _____ Yes _____ No