

Become a Volunteer Today!

Name: _____

Address: _____

_____ t-shirt size: _____

E-mail: _____

Phone Number: _____ Hours to be reached: _____

Summer Resident? yes no

Winter Address: _____

I would like to be an Eastport Arts Center Volunteer

I would like to volunteer for the following constituent programs:

- | | |
|---|--|
| <input type="checkbox"/> Stage East | <input type="checkbox"/> ArtsBloom |
| <input type="checkbox"/> Eastport Strings | <input type="checkbox"/> Passamaquoddy Bay Symphony Orchestra |
| <input type="checkbox"/> Eastport Gallery | <input type="checkbox"/> Northern Lights Film Society |
| <input type="checkbox"/> Concert Series | <input type="checkbox"/> General Arts Center Events & Performances |

Please list your talents & interests in volunteering for the Arts Center: _____

All volunteers are asked to keep a log of their time donated to the Arts Center.
Please be prepared to submit monthly volunteer hours.

Mail Complete form to:
The Eastport Arts Center
P.O. Box 153,
Eastport, ME 04631

Thank you for your Support!