

Volunteer Form

Name _____

Address _____

City, State, Zip _____

Email _____

Phone number _____

Cell phone _____

Tell us a little about yourself!

Some volunteer positions are more physical than other others. If you have a preference, please let us know. There is a job for any and everyone!

Thank you for your interest in volunteering!

Please mail to:
The Arts Alliance
PO Box 381
Mason, OH 45040

Contact:
info@the-arts-alliance.org
513-309-8585