



## Volunteer Application

(minimum age of 18)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone - day \_\_\_\_\_ Phone – night \_\_\_\_\_

Email \_\_\_\_\_

How do you want to contribute to Metro Arts Council?

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Do you have expertise in certain areas of business or non-profit experience?

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How many hours/days per week can you volunteer? \_\_\_\_\_

Mail application to: Metro Arts Council of Southern Nevada  
PO Box 96625  
Las Vegas, NV 89193-6625

or email to: [teri@metroartsnevada.com](mailto:teri@metroartsnevada.com)