

GOLDEN ISLES PENGUIN PROJECT- ARTIST VOLUNTEER FORM

Name: _____ Age: _____

Email: _____

Mailing Address: _____

City: _____ Zip: _____

Best Phone #: _____ Can this # Receive Texts? Yes No

Alternate Phone #: _____ Can this # Receive Texts? Yes No

The best way to reach me: Email Cell Home Work

I am available: Mornings Afternoons Evenings Weekdays Weekends

I would like to volunteer for the Penguin Project as an Artist Volunteer

My experience working with special needs young people or adults:

I would also be interested in helping out with: _____

Please X Out all conflict dates

Please mark all conflict dates you may have through February and June 2024

PERFORMANCE DATES ARE JUNE 13, 14, 15, 16, 2024

February 2024						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March 2024						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April 2024						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2024						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June 2024						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Please return form to
Golden Isles Arts & Humanities
 1530 Newcastle Street
 Brunswick, GA 31520
info@goldenislesarts.org
www.goldenislesarts.org

T-SHIRT SIZE Small Medium Large XLarge XXL XXXL. *Circle One*