SCAC VOLUNTEER SIGN-UP SHEET:

Last Name     First Name

Address

(____) ____________________________ __________________________
Phone         E-mail Address

What areas would you be interested in volunteering for?

Gallery Receptions: ________   Media:  ________
Fundraising: ________   Performing Arts: ________
Newsletter Stuffing & Distribution: ________   Visual Arts: ________
OCH/Musical Events: ________   Office:  ________
Other:  ________

Special training, skills or hobbies:

Community affiliations (clubs, churches, service organizations, etc.):

List when you are available below:

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<thead>
<tr>
<th>Day</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
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<td>Tuesday</td>
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Please fill out and return to:
SCAC
1313 Market Street
Redding, CA 96001
Fax: 530-225-4455