## Volunteering for TRAHC! ...Be part of the FUN! Join your friends and neighbors...or make NEW friends!

Name or Contact Person		
Organization (if applicable)		
Mailing Address	City	State Zip Code
Area Code + Daytime Phone Number	e-mail address	
Have you volunteered for TRAHC before? YES _	NO In what area?	
POSSIBLE AREAS OF IN	TEREST [you may circle more	than one]:
Program Advisory Committee	RA	C Reception
Visual Arts Adv. Committee	RA	C Docents
ArtsSmart Education Committe	ee Art	sSmart Assistant
Women for the Arts	Per	ot Theatre Docent
WFA Party with Picassos	Usl	ner-Perot Theatre
WFA Picassos Tea	Usl	ner-Student Shows
Latino Outreach Committee	TR	AHC <i>kids</i>
African-Am	erican Advisory Committee	
TRAHC	es (Young Professionals)	
I/We wish to be considered as a volunteer for the advisory/outreach committees! I/We understand my/our capacity as a volunteer may involve physic persons. I/We also agree to have my/our photogra (this form must be signed by parent/guardian if vo	that the nature of the voluntee cal activity and/or contact with aph taken for use by TRAHC ir	er activities I/we may perform in unidentified or unfamiliar
Print Name:		
Signature:	Date:	
Emergency Contact Information:		
Name:	Relationship:	Phone:
	DO Pay 1171 Tayarkana TY 7550	

MAIL TO: TRAHC, PO Box 1171, Texarkana, TX 75504 OR DELIVER TO: 321 W 4<sup>th</sup> St, Downtown Texarkana For more information contact 903.792.8681 or artsinfo@trahc.org