



VOLUNTEER APPLICATION

PLEASE PRINT – you may use the back of this sheet for additional comments

Name: _____ E-Mail _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

EDUCATIONAL BACKGROUND:

P High School P Some College P College Graduate P Post Graduate

School(s) Attended/Attending: _____

Degree/Grad Date: _____

Major/Minor: _____

Are you bilingual? P NO P YES If yes, please list language(s) and if you are a fluent speak, writer, and/or reader _____

AREAS OF INTEREST/AVAILABILITY

P Front Admittance Desk/Cashier/Greeter

P Office Help: P mailings P reception/phones P other office _____

P Docent (*also requires separate application*)

P Gallery Attendant/Security/Maintenance

P Curatorial/Preparation

P Special Events: P planning P organizing P actual event, wherever needed

P Other: _____

How many hours do you want to volunteer? (Examples: 4 hours, once per week; one time, all day, etc.: _____

Do you want to volunteer the same hours P every week? P bi-weekly? P once a month? P other? _____

In the chart below, please list the actual times you might be available during the week.

Day/Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

EXPERIENCE/BACKGROUND/SPECIAL SKILLS

Are you currently employed? P NO P YES If yes, please tell us your occupation and name of your employer: _____

Past Occupation(s): _____

Please detail any special skills, training, work, hobbies, and/or previous volunteer experience that might be useful in your volunteer position at the Fresno Art Museum.

HEALTH: Please list any physical limitations or health issues we may need to be aware about.

ARE YOU A CURRENT MUSEUM MEMBER? P YES P NO

HOW DID YOU LEARN ABOUT OUR VOLUNTEER PROGRAMS?

P Friend

P Friend or relative who volunteers or works at the museum

(please name): _____

P Website

P Museum visit

P Volunteer Fair

P Other: _____

WHY DO YOU WANT TO BE A MUSEUM VOLUNTEER? WHAT BENEFITS DO YOU HOPE TO GAIN FROM YOUR EXPERIENCE?

PLEASE LIST TWO REFERENCES OTHER THAN FAMILY MEMBERS.

1. Name: _____ Relationship: _____

How long have they known you? _____ Phone: _____

Address: _____

2. Name: _____ Relationship: _____

How long have they known you? _____ Phone: _____

Address: _____

Are you 18 years of age or older? P Yes P No

If no, please complete the Parental Permission and Information Form

I attest that the information provided by me on this form is true and complete.

Signature of Applicant

Date

