

Volunteer Application - please print

Please return completed application to MONA's Operations Manager or Director of Education

Name _____ Date _____

Current Address _____

City _____ State _____ Zip _____

Email _____

Home Phone () _____ Work Phone () _____

Cell () _____

Emergency contact:

Name _____ Relationship _____

Phone () _____

Note: Participants may be photographed for education, archival, and public relations purposes for MONA.

I agree to hold MONA, its agents, officers, employees, and volunteers harmless from any liability, loss, expense, or claim for injury or damages arising from my volunteer participation.

Your Signature _____ Date _____

Availability

Start Date ____/____/____ Total hours per week you want to volunteer _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Skills / Experience / Abilities / Languages

Have you ever applied to be a volunteer or been employed in a museum before? Yes No
If yes, please list your experience:

Please describe your employment experience and any education or background you have.

Are you fluent in another language? If so, please list. _____

Do you have any allergies or physical or other disabilities that we should be aware of?

Yes No

If so, please describe: _____

Specific food preferences: Vegetarian Vegan Gluten-Free Other, specify below.

References

List two persons who will be happy to give a reference on your behalf:

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

Volunteer Placement

Is there anything else you would like to tell us about yourself that will help us in placing you in the appropriate volunteer position?

What would you like to do as a volunteer? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Tours(thru the year): <input type="checkbox"/> Adults | <input type="checkbox"/> Artist/Art Research (thru the year) |
| <input type="checkbox"/> Children | |
| <input type="checkbox"/> Outreach Retirement Facility Adults (thru the year) | <input type="checkbox"/> Events (Receptions & museum functions) (thru the year) |
| <input type="checkbox"/> Learning Days (thru the academic year) | <input type="checkbox"/> Gardening/Landscaping (seasonal) |
| <input type="checkbox"/> Family Fun Day (typically February) | <input type="checkbox"/> Building maintenance: painting, clean-up, "handy-man" projects (as needed) |
| <input type="checkbox"/> Distance Learning (thru the academic year) | <input type="checkbox"/> Museum Shop Clerk (thru the year) |
| <input type="checkbox"/> School Receptions (April-May) | <input type="checkbox"/> Kaleidoscope (typically in November) |
| <input type="checkbox"/> Other, please describe: | <input type="checkbox"/> UNK Internship_____ |

Internal Use

Shop Training date: _____

Education Training date: _____

Comments: _____

Please route to: Education Operations Curatorial Collections Development
Marketing Membership