



# Volunteer Application

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Birthday \_\_\_\_\_

1. What is your past work experience? Are you retired?

---

---

---

2. Do you have any previous volunteer experience? Yes/No (If yes, please give details.)

---

---

---

3. Why do you want to become a volunteer at TAM?

---

---

4. What other commitments do you have that may affect the time you can give to the museum?

---

---

5. What are your personal interests and hobbies?

---

---

6. What special skills or education will you bring to the museum?

---

7. Do you have an interest or skill in any of the following?

- |  |   |
|--|---|
| <input type="checkbox"/> Docent/front desk     | <input type="checkbox"/> Tour assistant                         |
| <input type="checkbox"/> Educational Assistant | <input type="checkbox"/> Clerical                               |
| <input type="checkbox"/> Special events        | <input type="checkbox"/> Carpentry/painting/setting up displays |
| <input type="checkbox"/> Gift shop/retail      | <input type="checkbox"/> Building grounds maintenance           |

8. How much time are you able to give the museum?

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

9. What times are you available? Please circle day and time below.

(AM 11 am – 2 pm / PM 2 pm – 5 pm / EV 5 pm – 8 pm )

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
am / pm	am / pm	am / pm	am / pm / ev	am / pm	am / pm	

10. Are you able to volunteer on a “regular” or on an “as required” basis?

\_\_\_\_\_

11. References. Please provide details of two people we can contact (e.g. work supervisors, teachers, tutors) and an emergency contact.

	Name	Address	Contact #
Reference 1			
Reference 2			
Emergency Contact			

12. Do you have any medical conditions that would affect your volunteer work? Yes/No (if yes please give details).

\_\_\_\_\_

13. Date you can begin \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Location 300 So. Capital Ave. Idaho Falls, ID 83402  Hours Tues – Sat 11 am – 5 pm Thurs 11 am – 8 pm	Contact: Jessica Hull Livesay 208.524.7777 (p) 208.529.6666 (f) <a href="mailto:jhull@theartmuseum.org">jhull@theartmuseum.org</a>
---	---

