



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?

- Docent/front desk
- Educational Assistant
- Special events
- Gift shop/retail
- Tour assistant
- Clerical
- Carpentry/painting/setting up displays
- Building grounds maintenance

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

Weekly _____ Monthly _____

9. What times are you available?
 (AM 10 am – 2 pm / PM 2 pm – 5 pm)

Tuesday	Wednesday	Thursday	Friday	Saturday
am / pm	am / pm	am / pm	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	Contact: Jessica Hull Livesay (p) 208.524.7777 jhull@theartmuseum.org
Hours Tuesday – Friday 10 am – 5 pm Saturday 10 am – 4 pm	