



Date _____

General information

Ms. Mr. Mrs. Miss Dr. other

Last name _____ First name _____ Middle initial _____

Street address _____ City _____ Zip code _____

Telephone: home _____ Business _____ Mobile _____

E-mail address _____ Birth date. Month/day/year _____

Are you currently a member of the Cleveland Museum of Art? yes no

Person to notify in an emergency

Name _____ Relationship _____

Telephone:home _____ Business _____ Mobile _____

Museum contact or other reference

Name _____ Relationship _____

Telephone: home _____ Business _____ Mobile _____

Your background

Current employer _____ Occupation _____

Volunteer experience

Organization _____ Dates _____

Duties _____

Organization _____ Dates _____

Duties _____

Tell us more

Do you speak any languages other than English? (Please list)

What is your experience dealing and working with the public? (Please use the back of this application if necessary)

Availability

- How often would you like to volunteer? weekly monthly occasionally
- Do you have a flexible schedule? yes no
- Is there a period during the year you cannot volunteer?
-

Check days and tell us the times you are available

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What type of volunteering would you enjoy most:

- Behind the scenes
- Visitor services
- Office support
- Special events
- Special exhibition activities

What skills do you have?

- Bookkeeping/accounting
- Calligraphy
- Carpentry
- Communications
- Computer input/data entry
- Editing/proofreading
- Engineering
- Filing
- Fine arts
- Gardening
- Graphics

- Phone support
- Public speaking
- Repair/maintenance
- Research
- Security
- Sewing (skilled crafts?)
- Statistics
- Teaching
- Typing
- Ushering
- Word processing

Why are you volunteering?

Additional comments: (attach additional page if necessary)

How did you hear about our volunteer program?

PLEASE MAIL your completed volunteer application in the envelope provided or mail to:

Volunteer Initiatives
The Cleveland Museum of Art
11150 East Boulevard
Cleveland, Ohio 44106-1797

Phone: 216-707-2593

Fax: 216-707-6558

E-mail: Lpim@clevelandart.org

FOR YOUR INFORMATION

Thank you for taking the time to fill out this form.

We greatly appreciate your interest in volunteering at the Cleveland Museum of Art. After your application is processed we will contact you as soon as an appropriate opportunity arises.