



NATIONAL MUSEUM *of WOMEN in the ARTS*

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name _____
Last First MI

Address _____
Street City State Zip

Primary Telephone (____) ____-____ Office Home Cell

Alternate Telephone (____) ____-____ Office Home Cell

E-mail Address _____ Birthday _____

Occupation _____ Employer _____

VOLUNTEER POSITION AND SCHEDULE

Please indicate the volunteer position(s) for which you are applying:

____ **Docent** (greet visitors, staff the information desk, and conduct guided tours of the permanent collection and special exhibitions)

____ **Public Programs/Family Programs Volunteer** (assist with evening and weekend education and public programs)

____ **Department Volunteer** (perform administrative tasks in various museum offices and in the museum shop) Please select the departments that are of interest to you:

- | | |
|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Library Research Center |
| <input type="checkbox"/> Communications & Marketing | <input type="checkbox"/> Member Services |
| <input type="checkbox"/> Curatorial | <input type="checkbox"/> Museum Shop |
| <input type="checkbox"/> Development | <input type="checkbox"/> National Programs |
| <input type="checkbox"/> Education | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Special Events |

Please indicate which days and shift times you are regularly available to work:

	Mornings 9:00am-12:00pm	Afternoons 12:00-5:00pm	Evenings 5:00-9:00pm
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Are you able to make a two-year volunteer commitment to the museum? yes no

How did you learn about the NMWA Volunteer Program? _____

Are you fluent in any languages other than English (including ASL)? Please specify the language(s) and level(s) of fluency below:

Languages:

Fluency:

Conversational Native
 Conversational Native

REFERENCES

Please provide two personal or professional references.

1) _____
Name Phone Relationship

2) _____
Name Phone Relationship

EMERGENCY CONTACT INFORMATION

In an emergency notify _____ Relationship _____
(Name)

Address (if different than above) _____

Telephone (____) ____-____ Office Home Cell

ADDITIONAL MATERIALS

Please include the following materials with your application:

- A brief statement describing your interest in joining the volunteer program at the National Museum of Women in the Arts
- Resume (including employment, education, and volunteer history)

I certify that the information stated on this application is true and correct to best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a rejection of this application.

Signature _____ **Date** _____

Thank you for taking the time to apply to the volunteer program at the National Museum of Women in the Arts. Once your application has been received, you will be contacted by the Volunteer and Tour Coordinator and may be invited to schedule an interview and discuss available positions. Please note that all volunteer positions require a defined commitment of your time. We look forward to hearing from you and appreciate the generous offer of your time and skills.

Mail or fax this application to:

Volunteer and Tour Coordinator
National Museum of Women in the Arts
1250 New York Avenue, N.W. 20005-3970

Fax: 202-393-3234
Phone: 202-783-7996