

the Columbia Museum of ART

VOLUNTEER APPLICATION

Thank you for your interest in volunteering at the Columbia Museum of Art! Volunteers will be contacted via email on an as-needed basis for various projects/events at the museum.

PERSONAL INFORMATION

Full Name _____ Email Address _____

Street _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____

The minimum age requirement to volunteer at the Columbia Museum of Art is 13, depending on area served in.

EMERGENCY CONTACT

Name _____ Relationship _____

Phone # _____

Name _____ Relationship _____

Phone # _____

EMPLOYMENT STATUS *(please check one)* Full-Time _ Part-Time __ Other __

If you are employed, please list your current employer below:

Company Name _____

Title _____

AREAS OF INTEREST *Please check the area/s that you are interested in below:* __

___ Visitor Services (greeting visitors, answering questions, assisting with distributing audio guide)

___ Marketing (assisting with city-wide promotions and distributions)

___ Development (assisting with mailings, staffing membership tables)

___ Museum shop (pricing new inventory, arranging displays)

___ Education and Engagement (assisting with Cross Hatch, assisting with programs such as Arts & Draughts)

AVAILABILITY *Please circle the days/times you are available to volunteer:*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon

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