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 _____

Primary Phone No._____ Secondary Phone No._____

The minimum age requirement to volunteer at the Columbia Museum of Art is 21. High school and college students interested in volunteering, please see our internship opportunities.

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)

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

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