



## BUTLER INSTITUTE OF AMERICAN ART VOLUNTEER APPLICATION

### Personal Information:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year (Optional) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

### Education:

Highest Degree Earned: \_\_\_\_\_ Major field of study: \_\_\_\_\_

If you are still in college, please indicate if you are:

Undergraduate: What year? \_\_\_\_\_ Major: \_\_\_\_\_

Graduate: What year? \_\_\_\_\_ Major: \_\_\_\_\_

If you are still in high school, please indicate your current grade: \_\_\_\_\_

### Special Skills:

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing as a volunteer.

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Please list if you have experience in:

- Microsoft Word
- Microsoft Excel

What would you like to gain from your volunteer experience?

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**Previous Museum (or related) Experience:**

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**Availability:**

Please list the days and times that you are available. The Butler Institute of American Art is open Tuesday-Saturday 11 am -4 pm and Sunday 12 pm to 4 pm.

Days and Times:

	Tuesday	Wednesday	Thursday	Friday	Saturday		Sunday
11-1:30						12-4	
1:30-4							

**References:**

Please list names of two people not related to you who will provide references.

Name	Relationship	Phone/Email
1. _____		
2. _____		

**Commitment:**

The Museum Gift Shop requires volunteers to contribute a minimum of 2 shifts per month. Training and an interview are required before beginning your volunteer position. Signing up for a shift on the volunteer schedule means you are committing to that day and time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_