

MYSTIC MUSEUM OF ART

9 WATER STREET MYSTIC CONNECTICUT 06355 T:860.536.7601 MYSTICMUSEUMOFART.ORG

Volunteer Application

Name _____

Home Address _____

Work Address _____

Email Address _____

Cell Phone

Home Phone

Work Phone

Availability (check any you are willing to work)

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Frequency: Weekly On-Call, as needed

Indicate the type of work you're interested in doing (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Office Assistant (data entry, copying, etc.) | <input type="checkbox"/> Street Team |
| <input type="checkbox"/> Visitor Services Assistant (phone, reception) | <input type="checkbox"/> Special Event Assistance |
| <input type="checkbox"/> Class Assistant (child and adult) | <input type="checkbox"/> Exhibitions Receiving |
| <input type="checkbox"/> Maintenance (building, equipment) | <input type="checkbox"/> Exhibitions Runner |

Please tell us why you have an interest in volunteering at MMoA.

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Work Experience

Organization Name/Address	Position Held/Year Employed	Duties
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Volunteer Experience

Organization Name/Address	Position Held/Year Employed	Duties
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Other Skills (writing, computer, etc)

References

(Please list three people who can serve as professional references for you)

Name	Contact Info (phone/email)
1. _____	_____
2. _____	_____
3. _____	_____

Return completed volunteer applications to dsalerno@mysticmuseumofart.org or:

Volunteer Coordinator
Mystic Museum of Art
9 Water Street
Mystic, CT 06355