

# MYSTIC MUSEUM OF ART

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

## Youth Volunteer Application\*

Name \_\_\_\_\_

Name of Legal Guardians \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Email Address \_\_\_\_\_

Legal guardians: \_\_\_\_\_

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"/> Receptionist (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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\*youth application for those under 18 years of age

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## Current School

Name	Graduation Year	Honors/Activities
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## Work Experience

Organization Name/Address	Position Held/Year Employed	Duties
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Volunteer Experience

Organization Name/Address	Position Held/Year Employed	Duties
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Other Skills (writing, computer, etc.)

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## References

(Please list three people who can act as professional or personal references for you)

Name	Contact Info (phone/email)
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Return completed volunteer applications to [dsalerno@mysticmuseumofart.org](mailto:dsalerno@mysticmuseumofart.org) or:

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

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