

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)

Office Assistant (data entry, copying, etc.)

Street Team

Visitor Services Assistant (phone, reception)

Special Event Assistance

Class Assistant (child and adult)

Exhibitions Receiving

Maintenance (building, equipment)

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
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1. _____
2. _____
3. _____

Volunteer Experience

Organization Name/Address	Position Held/Year	Employed Duties
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4. _____
5. _____
6. _____

Other Skills (writing, computer, etc)

References

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

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

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

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