

MYSTIC MUSEUM OF ART

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

Youth Volunteer Application (for those under 18 years of age)

Name _____

Name of Legal Guardian _____

Home Address _____

Work Address _____

Email Address _____

Vol. Cell Phone

Vol. Home Phone

Vol. Work Phone

Leg. Gaur. Cell Phone

Leg. Gaur. Home Phone

Leg. Gaur. 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. _____

