

# 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"/> Visitor Services (phone, reception, data entry, copying, mailing)   | <input type="checkbox"/> Special Event Assistance   |
| <input type="checkbox"/> Exhibitions Receiving   | <input type="checkbox"/> Public Programs Assistance |
| <input type="checkbox"/> Education (assisting lead instructors in children/adult classrooms) | <input type="checkbox"/> Distributions              |
| <input type="checkbox"/> Building and Grounds Maintenance                                    | <input type="checkbox"/> Teen Volunteer Program     |

Interested in Docent Program: Yes  No

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  
[volunteer@mysticmuseumofart.org](mailto:volunteer@mysticmuseumofart.org)

Mystic Museum of Art  
9 Water Street  
Mystic, Connecticut  
06355