



Volunteer Application

Toledo Museum of Art

PO Box 1013, Toledo, OH 43697

419-254-5771 ext 7390

Date _____

Museum Member: Yes No

Are you 18 years of age or older: Yes No

Name _____
First M.I. Last

Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Work Phone _____
(Provide IF we may contact you at this number)

E-mail Address _____

Emergency Contact _____
Name/Relationship Phone Number, Home/Cell/Work

ARE YOU VOLUNTEERING FOR SERVICE HOURS DUE TO EDUCATION OR JOB REQUIREMENTS?

School or organization _____ Program Name _____

Reason for service hours _____

How many service hours are you planning to do at the museum? _____ Date you need to complete them by? _____

WILL YOU BE VOLUNTEERING ON A TEMPORARY BASIS

If a volunteer opportunity can be found for you, what date can you begin? _____

What date would be your last day volunteering? _____

What will your availability be on a weekly basis

TUE	WED	THU	FRI	SAT	SUN
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

How many hours a week would you want to volunteer _____

Current employer _____ Your title _____

High School _____ Major/Minor _____ Year Graduate(d) _____

College _____ Major/Minor _____ Year Graduate(d) _____

Graduate School _____ Major/Minor _____ Year Graduate(d) _____

Area(s) of Education: Administration Archives/Record Mgmt Art Education Art History Computer/IT Health Care

Education (area) _____

Language Library Science Marketing (areas) _____

Studio/Fine Arts (areas) _____

Other _____

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Volunteer History: Please list the organization, what position you held, dates you volunteered there

Have you ever been a Toledo Museum of Art volunteer before, if so, when _____

How did you hear about the Volunteer program _____

WHY DO YOU WANT TO VOLUNTEER AT THE TOLEDO MUSEUM OF ART _____

Are you related to, or know anyone currently working for, or volunteering at the Museum _____ Yes _____ No

(Please list their name, their relationship to you)

Skill Set: Administration Book Binding Telephone Calling Other _____

Audio/Visual _____
(list all equipment and processes)

Computer/IT _____
(list all programs and devices)

Languages (please list those you can do under each category)

Speak: _____ Write: _____ Read: _____

Applicant Agreement and Signature

I certify that the information contained in this application is correct to the best of my knowledge. I understand that false or misleading information is grounds for refusing to accept me as a volunteer or will result in immediate termination if offered a volunteer position.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for a volunteer position. I also authorize the Museum or its agent to conduct any background or reference check, including but not limited to previous employment, education, criminal convictions, and credit records.

In consideration for my volunteer status, I agree to abide by the policies and regulations of the Museum, which policies may be changed, withdrawn, added or interpreted at any time, at the Museum's sole option and without prior notice to me. I also acknowledge that should I be offered a volunteer position with the Museum, I may be terminated, or any offer withdrawn, at any time, with or without cause, and with or without prior notice at the option of the Museum or myself.

I understand that any offer of a volunteer position will be contingent based upon reports satisfactory to the Museum.

Applicant Signature

Date

TMA OFFICE USE ONLY	_____ F	_____ M	_____ Min Req	_____ Min not met	_____ Interview Date
_____ Administration	_____ Family Center	_____ FC (under 18)	_____ FC (HS Related)	_____ FC (College Hrs)	
_____ Information Desk	_____ Peristyle Usher	_____ S.B. Table	_____ Special Events		
Also interested in:	_____ Amb	_____ Doc	_____ Intern	_____ Emp	
Additional notes on possible placement opportunities:					