



VOLUNTEER APPLICATION

Mail completed application to:

Tasha James, Office Manager
 Susquehanna Art Museum
 1401 N 3rd Street
 Harrisburg, PA 17102
 tjames@sqart.org

Today's Date _____
 Month Day Year

Last Name: _____ First Name: _____ Mid Initial: _____

Address: _____
Street (including Apt #) City State Zip

Telephone: Home _____ Mobile _____

Email Address: _____

Birth Date: _____ Age: _____ (If 18 or under, please list high school below)

Education (Please check the highest level completed)

- High School
 Trade School
 College
 Post Graduate Program

High School: _____

If you are currently a college student, please list name of college and major:

_____ *College* _____ *Major*

Please select skills that you possess

- | | |
|--|---|
| <input type="checkbox"/> Clerical Skills (answering phones, typing, filing, etc.) | <input type="checkbox"/> Research Collection or Reporting |
| <input type="checkbox"/> Hospitality (hosting, food service or preparation) | <input type="checkbox"/> Retail Sales, Cash Register |
| <input type="checkbox"/> Customer Service, Information Desk | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Visual or Performing Arts |
| <input type="checkbox"/> Teaching/Early Childhood Education (Please specify age of the students) _____ | <input type="checkbox"/> Installing Artwork for an Exhibition |

Language(s) spoken _____

Please list any other relevant experience or skills not included above

Previous Volunteer Experience

Dates of Service	Organization Name	Description of responsibilities

Please continue to the next page

Which Susquehanna Art Museum volunteer opportunities interest you?

- Gallery Host
- Exhibition Installation Assistant
- Front Desk Helper
- Educational Volunteer
- Docent
- VanGo! Docent

Why are you interested in becoming a volunteer at Susquehanna Art Museum?

Which days are you available?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time of day are you available?

- Mornings Afternoons Evenings

Preferred method of communication:

- Call Email Text Message

Reference (Please list one personal reference other than a relative)

Name	Relationship	Daytime Phone
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I certify that the statements made in this volunteer profile are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release Susquehanna Art Museum from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer. I understand that I will follow the health and safety standards established for Susquehanna Art Museum and I agree to abide by the same policies.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received _____ Date Reviewed _____

Applicant Contacted By _____ Date: _____

Method of Communication: Email (attach a copy) Phone Call (attach call notes if possible)

Volunteer Assignment

Position: _____

Start Date: _____ Staff Supervisor: _____

Proposed Volunteer Schedule: _____

- Short Term (school based or court ordered requirement) Long term

Background Check/Clearances Needed? YES NO

Date of Most Recent Background Check/Clearances: _____

Meeting Date with Staff: _____ Profile Added to GiftWorks: NO YES Date _____

Volunteer Orientation Date: _____ Volunteer Manual Provided: YES NO

Content Covered at Orientation: _____
