Today's date:



Where Art + History Come Together

Name:						
	Last		First	(Nickname))	Middle
Address:			City:		State:	Zip:
Phone:		Email Address:		Birthday (optional):		
Emergency Contact/Relationship:			<u> </u>	Phone:		
Brief state	ment about why you want	to volunteer at the	Massillon M	useum:		

AREAS OF VOLUNTEERING—Check what interests you.

Baking: Cookies or refreshments requested occasionally through year. Disposible container and drop-off to Museum required. □ Bartending: Must be over age 21. No knowledge of mixed drinks or server experience needed. Serve at openings and events.

□ Bulk Mailings: Prepare mail, labeling, and sealing envelopes. Contacted when mailing is scheduled.

Docent: Lead scheduled gallery tours. Must attend training session during exhibit changes. Contacted when tour is scheduled.

□ Event setup and cleanup: Arrive early to help set up at special events or stay late to tear down. Contacted before event.

□ Special Events: Annual events, such as Island Party, Children's Parties, Exhibit Openings, etc. Contacted before event.

□ Front Desk Reception: The frontline of the Museum! Greet visitors coming in the door, answer the phone, gift shop sales, and assist visitors.

 \Box Other:

***Internships for credit/no credit are arranged specifically with the department of interest. Visit the website or call for details.

EDUCATION

Past or Current School: _____ Graduated/Anticipated Graduation: _____

Major/Activities:

VOLUNTEER/WORK EXPERIENCE

Organization:		Duties/Job Title:		
Supervisor Name:		Phone:		
Organization:		Duties/Job Title:		
Supervisor Name:		Phone:		
REFERENCE				
Name:	Title:	Relation to you:	Phone:	Years known:

*Please read through the Volunteer Handbook, found at www.massillonmuseum.org or mailed upon request, and sign the following page.

By signing and dating this form, you verify that you have read, understand and will abide by the policies of the Massillon Museum. These policies can be found in the Volunteer Handbook, located online at www.massillonmuseum.org. A hard copy can be mailed to you upon request. If you have any questions or concerns, please contact the Volunteer Coordinator at (330) 833-4061.

Student's Signature:	Date:
Parent's signature required for volunteers under 18:	
Parent's Signature:	Date:

(Optional) If there is anything else you would like to share relating to volunteering at MassMu, feel free to share it below: