

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: _____ / _____ Phone: _____

Brief statement about why you want to volunteer at the Massillon Museum: _____

AREAS OF VOLUNTEERING—Check what interests you.

- Baking: Cookies or refreshments requested occasionally through year. Disposable container and drop off to Museum required.
- Bartending: Must be over 21. No knowledge of mixed drinks or server experience needed. Served 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.
- Other: _____

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

Availability: Tuesday Wednesday Thursday Friday Saturday Sunday Seasonal

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.

Emergency Medical Form Completed: YES NO

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, Sandi Thouvenin, at (330) 833-4061 or email at sthouvenin@massillonmuseum.org.

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:

For your safety, please complete and return this form with your application.

**CONFIDENTIAL - MASSILLON MUSEUM
Medical History and Information Form**

Personal Information:

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Physician to be called in an emergency:

Name: _____ Phone: _____ Location: _____

If a physician cannot be reached, what action should be taken?

Medical Insurance Information - Group Name/Plan Number:

Name and Social Security Number of Insured (or person responsible for payment):

Allergies or other medical limitations: _____

Current Medications: _____

I authorize permission to release this information to the appropriate medical personnel in the event of an emergency while at the Museum. I understand that this information is confidential and will not be disclosed in any situation other than an emergency.

Signature _____

Date _____