Volunteer Application Form

Please complete the volunteer application and attach your resume and one personal and professional reference.

Please return to the Volunteer Coordinator
Lyman Allyn Art Museum
625 Williams Street
New London, CT 06320
(860) 443-2545

Date

Ms./Mr./Mrs. ___________________________ First ___________________________ Last ___________________________

Address ___________________________ Apt. ___________________________

City ___________________________ State ___________________________ Zip ___________________________

Home Phone ___________________________ Cell Phone ___________________________ Work Phone ___________________________

Email ___________________________ Emergency Contact & Phone ___________________________

Parent/Guardian Consent (Volunteers under age 18)
I give permission for above applicant to volunteer at the Lyman Allyn Art Museum. If you need to reach me, my phone number is Day_________________________ Night_________________________ Cell_________________________

Parent/Guardian Signature ___________________________ Date ___________________________

Personal Information
Allergies to food or medicine: ____________________________________________________________

Health Requirements: ________________________________________________________________

Education
High School: ________________________________________________________________

College: ________________________________________________________________

Other: ________________________________________________________________

Employment History  Paid □ Un-Paid □
Please list your most recent employer and indicate additional employment on your resume.

Company Name ___________________________ Telephone ___________________________

Address ___________________________ City ___________________________ State ___________________________ Zip ___________________________

Name of Supervisor ___________________________ Job Title / Description ___________________________ Dates Employed ___________________________
Availability
Please list below the day(s) and times you may be available to volunteer.

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If you prefer an on call position, please check the box [ ]

Skills/Experience
Please provide a list of your skills, talents, interests and / or expertise that you think may be helpful to you in your volunteer work.

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Other Languages Spoken: ____________________________________________________________

Volunteer Opportunities
Please indicate which you are interested in. All opportunities are on an as needed basis.

Collections       Assist staff in administrative support, data entry, research & curatorial projects

Docents          Lead tours for adult / student groups

Educators       Assist with hands-on art classes in the studio and with programs such as Free 1st Saturday & Science Saturday

Hospitality     Assist with the Museum’s special events, including: exhibition openings, lectures, annual Gala, Summer Fest & Winter Holiday programs. Welcome and orient visitors while gallery monitoring.

Marketing & Development Distribute Museum marketing materials to surrounding towns when needed. Work with Museum staff on preparing printed mailings and general office tasks.

Additional Questions
What would you like to learn from your volunteer experience?
____________________________________________________________________________________

How did you hear about the LAAM’s volunteer program?
____________________________________________________________________________________

**Accuracy of Information**
I, ______________________, certify that the information provided on this application is truthful and accurate.

Applicant Signature

*Office Use Only: Accepted [ ] Yes [ ] No

Interviewed by (Initial) Interview Date Referred To Volunteer Placement Start Date

For more information about the Lyman Allyn Art Museum visit lymanallyn.org