

VOLUNTEER APPLICATION

*must be at least 18 years old

The Montclair Art Museum is dedicated to a policy of non-discrimination on any basis including race, color, age, sex, religion, national origin, the presence of any mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal or state law.

Please complete the entire application

PERSONAL INFORMATION *(Please print)*

Name _____ D.O.B. _____ Today's Date _____

Address _____ Street _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell _____

Email Address _____ Referred by _____

How do you prefer to be contacted? *Home Phone* *Cell* *Email* *No Preference*

Emergency Contact Name _____ Relationship _____ Phone _____

Are you currently a member of the Montclair Art Museum? _____

INTERESTS/SKILLS *(Please select all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Prefer seated position | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Clerical/mailings | <input type="checkbox"/> Art Truck |
| <input type="checkbox"/> Flyer distribution | <input type="checkbox"/> Grounds/gardening |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Enjoy working with children |
| <input type="checkbox"/> Computer skills - specify _____ | <input type="checkbox"/> Enjoy working with the elderly |
| <input type="checkbox"/> Art skills - specify _____ | <input type="checkbox"/> Other - specify _____ |

Do you have any health conditions or require any accommodations that will affect your volunteer capabilities? *MAM prides itself on being accessible to all and this information will help us ensure the best possible volunteer experience for you.* _____

Do you prefer to work on one-time activities or on a more regular basis? _____

Specify availability for each day of the week:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

REFERENCES *(Please list two references other than family)*

Name, phone number, & relationship	
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Thank you for your interest in the Montclair Art Museum Volunteer Program!

Volunteers will be contacted within 3 weeks of application submission.

Questions and completed applications should be sent to:

Sophiana Leto

Development Associate, Volunteers & Major Gifts

Montclair Art Museum

3 South Mountain Ave

Montclair, NJ 07042

Phone: 973-259-5124

Fax: 973-746-9118

sleto@montclairartmuseum.org

Applications are preferred by mail, but are accepted by email and fax as well.

Please complete the screening form on the following page.

Screening Form for Montclair Art Museum Volunteers

Thank you for your interest in volunteering at the Montclair Art Museum. Background checks are required for all volunteers and interns over the age of 18. The screening process is necessary to make the Museum a safe environment for everyone on the premises - visitors, volunteers, interns, and staff alike. Please fill out the entire form and submit it with your volunteer application.

Name:

First _____ Middle _____ Last _____

Home Address:

Street _____

Town, State, Zip _____

Home Phone: _____

Date of Birth:

Month _____ / Day _____ / Year _____

Date of birth necessary for screening purposes.

I authorize the Montclair Art Museum to contact references and other persons/institutions to obtain information about my background regarding my character and fitness for volunteer work on behalf of the Museum, as well as to conduct a criminal background check. I authorize references to provide such information about me. I hereby release and hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Montclair Art Museum, its trustees, employees, and volunteers.

I attest that the above information is true and correct.

Signature _____ Date _____