



American Folk Art Museum

VOLUNTEER APPLICATION

2 Lincoln Square, New York City • www.folkartmuseum.org

1. Contact Information (all fields required):

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

2. Position desired: _____

3. Why interested: _____

4. Areas of interest:

- | | |
|---|---|
| <input type="radio"/> Docent | <input type="radio"/> Clerical/Data Entry |
| <input type="radio"/> Welcome Desk | <input type="radio"/> Mailings |
| <input type="radio"/> Shop | <input type="radio"/> Development Dept. |
| <input type="radio"/> Special Events/Programs | <input type="radio"/> Library/Archives |
| <input type="radio"/> Other: _____ | |

5. Availability (check all that apply; please refer to the Volunteer Guidelines for required hours by position):

- | | | |
|-----------|--------------------------|--------------------------|
| Monday | <input type="radio"/> AM | <input type="radio"/> PM |
| Tuesday | <input type="radio"/> AM | <input type="radio"/> PM |
| Wednesday | <input type="radio"/> AM | <input type="radio"/> PM |
| Thursday | <input type="radio"/> AM | <input type="radio"/> PM |
| Friday | <input type="radio"/> AM | <input type="radio"/> PM |
| Saturday | <input type="radio"/> AM | <input type="radio"/> PM |
| Sunday | <input type="radio"/> AM | <input type="radio"/> PM |

6. Fluent in a foreign language? If yes, please specify:

7. Proficient in specific computer programs or social media platforms? If yes, please specify:

8. Other skills, experiences, or interests relevant to a volunteer position at the museum:

9. Previous/current volunteer work (include dates):

10. Emergency Contact (name/phone):

11. Agreement and Signature

By signing below, I certify that the statements made in this Volunteer Application are true and complete, and have been given voluntarily. I also understand that I may be working with confidential information and pledge to maintain the confidentiality of the information.

☐ I am 18 years or older

Name (please print): _____

Signature: _____

Date: _____

Thank you for your interest in volunteering at the American Folk Art Museum. It is the policy of the museum to provide equal opportunity without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Please return completed application to:

Rachel Rosen, Director of Education

American Folk Art Museum Administrative Offices

1865 Broadway, 11th Floor, New York, NY 10023

Ph 212. 265. 1040, ext. 381 Fax 212. 977. 8134

rrosen@folkartmuseum.org