

AMERICAN FOLK ART MUSEUM

VOLUNTEER APPLICATION

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

1. Contact Information (all fields required):				6. Fluent in a foreign language? If yes, please specify:	
Name:					
Address:				7. Proficient in specific computer programs or social media platforms? If yes, please specify:	
City, State, Zip:					
Home Phone					
Cell Phone:					
E-mail:					
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2. Position	aesirea	<u>:</u>			
3. Why interested:				8. Other skills, experiences, or interests relevant to a volunteer position at the museum:	
4. Areas of	interest	:			
O Docent			O Clerical/Data Entry		
O Welcome	e Desk		O Mailings	9. Previous/current volunteer work (include dates):	
O Shop			O Development Dept.		
O Special I	Events/Pr	ograms	O Library/Archives		
O Other:					
5. Availabi	i lity (che	ck all that ar	pply; please refer to the		
	-	_	hours by position):		
Monday	OAM	O PM			
Tuesday	O am	Орм			
Wednesday		Орм			
Thursday	О АМ	Орм			
Friday	Оам	Орм			
Saturday Sunday	O AM O AM	О РМ О РМ		10. Emergency Contact (name/phone):	
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11. Agreement and Signature				Thank you for your interest in volunteering at the American Folk Art	
By signing below, I certify that the statements made in this Volunteer				Museum. It is the policy of the museum to provide equal opportunity	
			e, and have been given voluntarily.	without regard to race, color, religion, national origin, gender, sexual	
			orking with confidential informa-	preference, age, or disability.	
			onfidentiality of the information.	•	
O I am 18 years or older				Please return completed application to:	
Name (please print):				Rachel Rosen, Director of Education American Folk Art Museum	
Signature:				2 Lincoln Square, New York, NY 10023	
				Phone 212. 595. 9533, ext. 381 Fax 212. 595. 6759	
Date:				rrosen@folkartmuseum org	