

# Volunteer Application

Thank you for your interest in volunteering at the Jewish Museum. The Volunteer Program seeks to match the skills of qualified volunteers with the Museum's staffing needs. Applications are accepted throughout the year. Interviews are scheduled when there is an appropriate position available. Please complete both pages and attach your résumé.

Please type or print clearly.

## Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Education

Institution	Degree/Major	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Employment History

Employer	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Volunteer Experience

Institution	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____



**References** (Please list three people for whom you have worked in either a paid or volunteer capacity)

Name	Email Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Why do you want to volunteer at the Jewish Museum?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is there a specific department, program, or capacity in which you would like to volunteer?**  
Possible assignments include Visitor Experience, Membership, office/administrative work, computer technology, research, etc.

\_\_\_\_\_

**Do you have any special skills and/or interests that may be of assistance to the Museum?**

\_\_\_\_\_

\_\_\_\_\_

### Availability

Can you volunteer on a regular basis?  Y /  N

Can you be available on short notice?  Y /  N

When can you start? \_\_\_\_\_

**Please check the days of the week and times you are available to volunteer:**

Monday	Tuesday	Wednesday	Thursday	Friday	Sunday
<input type="radio"/> Morning	<input type="radio"/> Morning	<input type="radio"/> Morning	<input type="radio"/> Morning	<input type="radio"/> Morning	<input type="radio"/> Morning
<input type="radio"/> Afternoon	<input type="radio"/> Afternoon	<input type="radio"/> Afternoon	<input type="radio"/> Afternoon	<input type="radio"/> Afternoon	<input type="radio"/> Afternoon
			<input type="radio"/> Evening		

**Please return your completed application and résumé to:**

Volunteer Program Coordinator

The Jewish Museum

1109 Fifth Avenue, New York, NY 10128

Email: [volunteers@thejm.org](mailto:volunteers@thejm.org)

Phone: 212.423.3208

Fax: 212.423.3232

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

