



# VOLUNTEER APPLICATION

*Your application will be processed and you will be contacted for an interview as opportunities become available.  
We regret that we are unable to accommodate all who apply.*

Name (please print all information) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

Student \_\_\_\_ Professional \_\_\_\_ Retired \_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Education: Degree/School \_\_\_\_\_

Present Employment/Hrs: \_\_\_\_\_

*Please attach resume, if available*

References: (1) \_\_\_\_\_

(2) \_\_\_\_\_

*Name, relationship, phone/email. (Do not include family)*

Volunteer Experience: \_\_\_\_\_

Other Areas of Interest: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Foreign Languages: \_\_\_\_\_

Availability: (Indicate time of day) MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_

THU \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_ (40 hours annually required).

Placement Possibilities: (check areas of interest)

Information Desk \_\_\_\_\_ Membership \_\_\_\_\_ \*Docent \_\_\_\_\_ Other \_\_\_\_\_

*\*Please note that Docent tour guides are selected from the volunteer pool, and **must have served with the Museum as a volunteer for a minimum of one year before being considered.***

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

*Confidential and proprietary information handled or received by volunteers during the course of their work at the Museum is the property of the Museum of the City of New York and all volunteers are expected to **maintain the confidentiality of proprietary business information.***

Please return to: Coordinator of Volunteer Programs, Museum of the City of New York, 1220 5<sup>th</sup> Avenue, New York, NY 10029. [www.mcny.org](http://www.mcny.org). Email: [volunteercoordinator@mcny.org](mailto:volunteercoordinator@mcny.org).