



VOLUNTEER APPLICATION

Please mail completed form to:

Susquehanna Art Museum
1401 North Third Street
Harrisburg PA 17102
Attn: Volunteers

Or email: info@SusquehannaArtMuseum.org

Please Print Clearly

Last name: _____ First Name: _____

Address: _____

Telephone: _____ Alternate phone: _____

Email address: _____

DOB: _____ Age: _____ (If 18 or under, please list high school below)

Educational background: _____

Please indicate skills/talents you possess:

___ Clerical skills (phones, typing, filing, etc.)

___ Research/Reporting

___ Hospitality (hosting, food/beverage service)

___ Cash Register/Retail Sales

___ Customer Service/Information Desk

___ Event Planning

___ Teaching (specify age/s): _____

___ Art Installation (for exhibits)

___ Other (please indicate): _____

Are you fluent in a language other than English? ___ If so, what language/s? _____

Please list any relevant experience or alternatively, please attach a resume. _____



Which Susquehanna Art Museum volunteer opportunities interest you?

- Gallery Host
- Education Volunteer
- Exhibition Installation Assistant
- VanGo/Docent
- Front Desk Attendant
- Special Events

On what days of the week are you generally available?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

What time of day are you available?

Preferred method of communication:

- Morning
- Afternoon
- Evening
- Phone Call
- Email
- Text message

Reference: (Please list one personal reference other than a relative):

Name	Relationship	Daytime Phone
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I certify that the information given in this Volunteer Application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release Susquehanna Art Museum from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer. I understand that I will follow the health and safety standards established for Susquehanna Art Museum and I agree to abide by the same policies.

FOR INTERNAL OFFICE USE:

Date Received _____

Applicant contacted by: _____ Date: _____