

THE 
CAHOON MUSEUM
of AMERICAN ART

VOLUNTEER APPLICATION

Name: _____ Phone _____

Address: _____

Email: _____

Work: _____ Phone _____

Address: _____

Are you a member of the Cahoon Museum? _____

How did you hear about the Cahoon Museum's Volunteer Program? _____

Why do you want to volunteer? _____

What would you like to do? _____

What experience would you like to use? _____

Skills? (computer, sign language, etc.) _____

What hours are you available? _____

In case of emergency, please notify _____

Please indicate your interests (you may choose as many areas as you wish):

- | | |
|--|---|
| <input type="checkbox"/> Docent | <input type="checkbox"/> Museum Store Assistant |
| <input type="checkbox"/> Gallery Attendant | <input type="checkbox"/> Special Functions Supervisor |
| <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Volunteer Scheduler |
| <input type="checkbox"/> Grounds | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mail-A-Thoner | |