



VOLUNTEER APPLICATION

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ E-MAIL ADDRESS _____

Date available to start volunteering: _____

Why do you want to volunteer at the museum? _____

What days are you available? TUE WED THU FRI
 SAT (special events only: SUN MON)

What times are you available?
 10:00am - 1:00pm 1:00pm - 4:00pm other:

What area of the museum are you interested in?
 INFO DESK ATTENDANT DOCENT GALLERY ATTENDANT
 EDUCATION ASSISTANT SPECIAL EVENTS ASSISTANT

Please check any special skills you have:
 COMPUTER EDUCATION EVENTS LANGUAGES:
 RETAIL OFFICE EXHIBITIONS OTHER:

Do you have volunteer experience? YES NO

Do you have experience in the arts or at a museum? YES NO

If yes, please describe: _____

Please list your current or previous employment/volunteer work.

COMPANY/ORGANIZATION _____

COMPANY/ORGANIZATION _____

DATES VOLUNTEERED OR WORKED _____

DATES VOLUNTEERED OR WORKED _____

DUTIES _____

DUTIES _____

SUPERVISOR / TELEPHONE NUMBER _____

SUPERVISOR / TELEPHONE NUMBER _____

I certify that the above statements are true, and if found to be incorrect, I agree to resign immediately upon request without protest. I authorize the Hawaii State Art Museum to verify these statements and references, and I authorize my former supervisors to furnish any relevant information. If a position may not be available at this time, I release the Museum from any liability of failure to notify me of future availability.

APPLICANT'S SIGNATURE _____

DATE _____