



1109 Fifth Avenue, New York, NY 10128

VOLUNTEER SERVICES APPLICATION

Thank you for your interest in volunteering with The Jewish Museum. The information on this form will help us find the most rewarding volunteer project for you. The volunteer program works to match our needs with the skills of qualified candidates.

Please print or type.

PERSONAL DATA

Name _____

Home Address _____

Home phone _____ Alternate phone _____

E-mail _____

Have you ever been convicted of a crime? (Excluding misdemeanors and summary offenses). If yes, please describe in full (attach additional sheets if necessary). _____

EMERGENCY CONTACTS (include relationship and phone numbers)

Name _____

Name _____

EDUCATION

List **name of school and date** of graduation with degree earned

High School _____ Date of Graduation _____

College _____ Class Year _____

Graduate/Technical School _____

EMPLOYMENT (If a resume is available, please submit with application)

Company Name _____

Dates of _____

Employment _____

Most recent position _____

VOLUNTEER INFORMATION

Do you have previous volunteer experience? If yes, please describe.

Do you know any foreign languages? Include level of expertise. Are you able to be called for a translation?

Which computer programs are you familiar with and describe your level of proficiency. _____

What other talents and/interests do you have that may be of use to the museum? _____

AVAILABILITY

Can you volunteer on a regular basis? _____ Can you be available on short notice? _____
Can you make a commitment to volunteer for one day a week for a minimum 40 weeks a year? _____

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

Monday	Tuesday	Thursday	Friday	Sunday
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

Are you willing to help with mailings on alternate days? _____
Yes No

Are you willing to help with telephoning for membership? _____
Yes No

REFERENCES

List the names and addresses of 2 references that can be contacted by museum staff regarding your interest as a volunteer. (Please do not include family)

1. Name _____
Address _____
Relationship _____
Tel # _____

2. Name _____
Address _____
Relationship _____
Tel # _____

If positions are available, your application will be processed as soon as possible and you will be called for an interview. We regret that we are unable to accommodate all who apply. The Jewish Museum is not obligated to provide placement, nor is the applicant obliged to accept a position offered. If accepted, a 3 month trial period is required. All volunteers are approved on a one-year basis. Thereafter, an annual evaluation and agreement will be customary.

Please note that Jewish Museum membership is a requirement of being a volunteer. If you are not currently a member, you are expected to join upon acceptance of a volunteer position. See the enclosed brochure for more information.

Please return the completed application to:

Pat Gurevich,
Coordinator of Volunteer Program
The Jewish Museum
1109 Fifth Avenue
New York, NY 10128
Telephone: 212 423 3208 Email: pgurevich@thejm.org Fax: 212 423 3232

The information provided in this application is true, correct, and complete. Any misstatement or omission of fact on this application may result in dismissal.

Signature _____ Date _____

The Jewish Museum is an Equal Opportunity Employer